

Health,  
Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED SEP 24 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **30463**

Registration District No. 128 Primary Registration District No. 5461 Registrar's No. 839

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY, <del>if outside corporate limits, give TOWNSHIP only</del> OR <u>RUPAT, WASHINGTON Twp.</u> TOWN <u>U.S. 60 &amp; 125 Junction</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Brentwood</u> <u>4001</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 60 &amp; 125</u>		Length of stay in 1b <u>Minutes</u>		d. STREET ADDRESS (If outside, give location) <u>8721 Ualie</u>	
3. NAME OF DECEASED (Type or print) <u>MARY LYNNE ABBOTT</u> <i>First Middle Last</i>			4. DATE OF DEATH <u>Sept. 14, 1956</u> <i>Month Day Year</i>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Nov. 16, 1937</u>	9. AGE (In years last birthday) <u>18</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and state or country) <u>Normal, Illinois</u>	
13. FATHER'S NAME <u>Lynn Abbott</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Lynn Abbott</u> <i>Address</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Fractured skull, broken neck, crushed chest, broken left arm.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Seconds</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					<u>8164</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>26</u>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Two Car Collision</u>			
20c. TIME OF INJURY <u>4</u> <i>Hour a. m. p. m.</i>		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>On highway</u>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <u>Highway (Washington Twp.)</u>		STATE <u>Greene, Missouri</u>	
21. <del>Attended the deceased from _____ and last saw <sup>her</sup> alive on _____</del> Death occurred <u>4:00 P.M.</u> <u>3</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>Charles H. Seifert</u> <i>(Greene Co. Coroner)</i>				22b. ADDRESS <u>Springfield, Missouri</u>	
22c. DATE SIGNED <u>9/15/56</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>9/15/56</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Louis, Missouri</u>	
23d. LOCATION (City, town, or county) <u>St. Louis, Missouri</u>		(State)			
24. FUNERAL DIRECTOR <u>Ayre-Goodwin</u>		ADDRESS <u>Springfield</u>		25. DATE RECD. BY LOCAL REG. <u>9-17-56</u>	
26. REGISTRAR'S SIGNATURE <u>Faith Williamson</u>					

(Licensed Embalmer's Statement on Reverse Side)

SEP 24 1956

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James W. Wair*.....  
Licensed Embalmer No. *46*.....

P. O. Address *Springfield*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.