FILED NOV 2 - 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 34352

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 469

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Independence — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Independence Sam — Length of stay in 1b 24 hr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Independence — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS 202 So. Miller (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Hugh Middle Julius Last Abter

4. DATE OF DEATH Month Oct Day 20 Year 1956

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH Jan-4-1904

9. AGE (In years last birthday) 52

IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic - maintenance

10b. KIND OF BUSINESS OR INDUSTRY Highway dept

11. BIRTHPLACE (City and state or country) Parico - Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Abter

14. MOTHER'S MAIDEN NAME Jenine Russell

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 487-16-8916

17. INFORMANT Joan Abter Address Indep. Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute myocardial infarction (posterior) — INTERVAL BETWEEN ONSET AND DEATH 18 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) coronary thrombosis
DUE TO (c) 420.1
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) old healed anterior myocardial infarction

19. WAS AUTOPSY PERFORMED? YES ☑ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10/19/56 to 10/20/56 and last saw ~~him~~ him alive on 10/20/56
Death occurred at 1150 Am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Vance E. Lind (Degree or title) M.D.

22b. ADDRESS 10901 Winner Rd Independence Mo

22c. DATE SIGNED 10/22/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Oct. 23-1956

23c. NAME OF CEMETERY OR CREMATORY Mound Grove

23d. LOCATION (City, town, or county) (State) Independence - Missouri

24. FUNERAL DIRECTOR Roland R Speaks ADDRESS Indep Mo

25. DATE RECD. BY LOCAL REG. 10-23-56

26. REGISTRAR'S SIGNATURE [illegible]

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 46

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.