

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43195

FILED NOV 19 1957

STATE FILE NUMBER

Registration District No. 336 Primary Registration District No. 6137 Registrar's No. 436

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v. 1-57

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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Shannon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Winona</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Mountain View</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>046</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Arthur Frank Abbey</u>			4. DATE OF DEATH Month Day Year <u>Nov. 5-1957</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 14, 1921</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>U S A</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ground Crew</u>	9. AGE (In years last birthday) <u>36</u>
11. BIRTHPLACE (City and state or country) <u>Hutton Valley, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>Arthur Abbey</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah M Halbrock</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, if unknown) (If yes, give year of service) <u>yes</u>		16. SOCIAL SECURITY NO. <u>10-10-2</u>	17. INFORMANT <u>Mary Cassidy</u> Address <u>Kansas City, Missouri</u>
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>Broken neck</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>One Car accident</u>			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
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>One car accident</u>	
20c. TIME OF INJURY <u>11:30 p.m. 11-5-57</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Fed highway #60</u>	
		20f. CITY, TOWN, OR LOCATION <u>Shannon</u> COUNTY <u>Howell</u> STATE <u>Mo.</u>	
21: I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at <u>11:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>D. O. Wilson</u> (Degree or title)		22b. ADDRESS <u>Emmence Mo</u>	
22c. DATE SIGNED <u>11-6-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 9-57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>
		23d. LOCATION (City, town, or county) (State) <u>Mountain View, Missouri</u>	
24. FUNERAL DIRECTOR <u>Duncan Funeral Home</u>		ADDRESS <u>Mountain View Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-18-57</u>
		26. REGISTRAR'S SIGNATURE <u>Malcolm Green</u>	

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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 *Joe R. Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Mt. View, Mo*

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