

FILED AUG 6 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25888

State File No.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

108

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Barry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>rural of 7-5 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville</u>	
c. LENGTH OF STAY (In this place) <u>7-5 days</u>		d. STREET ADDRESS (If rural, give location) <u>State Hospital #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		4. DATE OF DEATH (Month) (Day) (Year) <u>7-30-1949</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>REGNAR F. ABEL</u>		b. (Middle) _____ c. (Last) _____	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Unknown</u>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work during most of work life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
<u>66</u>	<u>mine promoter</u>	<u>Denmark, Pa</u>	<u>Mich.</u>
10b. KIND OF BUSINESS OR INDUSTRY	13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE
<u>mining</u>	<u>Unknown</u>	<u>Unknown</u>	<u>Unknown</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
<u>Yes</u>	<u>Unknown</u>	<u>Hospital records, Nevada</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-renal disease</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		5	
II. OTHER SIGNIFICANT CONDITIONS		4428	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<u>None</u>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>7-25-</u> , 19 <u>49</u> , to <u>7-30-</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-30-</u> , 19 <u>49</u> , and that death occurred at <u>8-40</u> p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED	
<u>R. G. Hall, M.D.</u>	<u>Nevada Mo</u>	<u>7-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
<u>Removal</u>	<u>7/31/49</u>	<u>Unknown</u>	<u>Minden, Neb. % Peyton</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
<u>July 31, 1949</u>	<u>Walter H. Paucy, 331</u>	<u>Allen H. Hayes, Nevada, Mo</u>	

FEB 23 1950

RECEIVED

District Health Officer No. 7,

District File Number 7-49-944

Date Filed 8-5-49

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
Student Embalmer

Signed Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.