

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11827

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 71

0042

1. PLACE OF DEATH a. COUNTY AUDRAIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY AUDRAIN	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RUSH HILL PRERIA, Tex	
c. LENGTH OF STAY (in this place) 2 mo.		d. STREET ADDRESS (If rural, give location) RURAL 6 mi - NE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital			
3. NAME OF DECEASED a. (First) WILLIAM		b. (Middle) CABLE	
c. (Last) AZDELL		4. DATE OF DEATH (Month) (Day) (Year) APRIL 9 1950	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB 19 - 1870
9. AGE (In years last birthday) 80	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (State or foreign country) AUDRAIN Co. Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME John Milton Azdell		13b. MOTHER'S MAIDEN NAME ELIZA R. Cable	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Russell Azdell, Rush Hill Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General debility DUE TO (c) Carcinomatous (prostate) II. OTHER SIGNIFICANT CONDITIONS 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 ☐ NO		21a. ACCIDENT (Specify) SUICIDE	
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 ☐ NOT WHILE AT WORK ☐	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 4, 1949 , to April 9, 1950 , that I last saw the deceased alive on April 9, 1950 , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) M.D. M. D.		23b. ADDRESS Mexico, Mo	
23c. DATE SIGNED April 10 1950		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
24b. DATE 4-11-50		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY	
24d. LOCATION (City, town, or county) (State) Mexico, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Blanche Neely	
DATE REC'D BY LOCAL REG. April 11-1950		ADDRESS Mexico, Mo	

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

APR 12 1957

RECEIVED APR 17 1957
District Health Officer No.
District File Number 4-50-16
Date Filed APR 17 1957

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 Richard Y. McDonald working under my personal supervision.

Signed Richard Y. McDonald
Student Embalmer

Student Embalmer No. 371
Signed Chas. R. Ruppel
Licensed Embalmer No. 356
P. O. Address Maplewood

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.