

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26437  
Registrar's No. 66

FILED SEP 15 1951

REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Corr. by aff. Oct. 24, 1951

1. PLACE OF DEATH a. COUNTY Clinton 0251		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Livingston	
b. CITY OR TOWN Cameron Mo.		c. LENGTH OF STAY (in this place) 5 min	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cameron Hosp.		c. CITY OR TOWN Chilbath 0592	
		d. STREET ADDRESS 1002 Washington	
3. NAME OF DECEASED a. (First) Alex b. (Middle) ZABEL c. (Last) ZABEL			4. DATE OF DEATH (Month) (Day) (Year) Aug 31 51
5. SEX MALE	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 26-1905
9. AGE (In years last birthday) 45		10. KIND OF BUSINESS OR INDUSTRY Building	11. BIRTHPLACE (State or foreign country) Kansas
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Herman Zabel		14. NAME OF HUSBAND OR WIFE Pauline Zabel	
13b. MOTHER'S MAIDEN NAME Ellen Fowler		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes If no Walter 589-03-805	
16. SOCIAL SECURITY NO. 589-03-805		17. INFORMANT'S SIGNATURE OR NAME Mrs Springer Ernest Kow	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck due to automobile wreck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last. DUE TO (b) to automobile wreck DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E8164 26	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 032	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) ←		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U.S. Highway 36	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Chilbath Mo.			
21d. TIME OF INJURY Aug 31 1951 8 P.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Head on collision of two cars			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) Patrick J. Fitzgerald		23b. ADDRESS Maysville, Mo. Sept 1, 1951	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-51	
24c. NAME OF CEMETERY OR CREMATORY Westmoreland		24d. LOCATION (City, town, or county) Westmoreland Kansas	
DATE REC'D BY LOCAL REG. 9-7-51		REGISTRAR'S SIGNATURE Winifred W. Moser 394	
		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Poland Funeral Home	

Cameron Mo



1951 OCT 10

1951 SEP 21

SEP 21 1951

NOV 6 1952

**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 Robert F. Paland

Licensed Embalmer No. 4727th st

P. O. Address Cameron 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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Kansas  
County of Pottawatomie

State File No. 26437  
Local Registrar's No. \_\_\_\_\_

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 10th day of October, 1951, before me appears \_\_\_\_\_

Anna Zabel, who, upon her oath, states that the original record of ~~XXXX~~ death

for Alex Zabel ~~XXXX~~ died August 31, 1951, in the State of Missouri, and which was filed at Jefferson City, Mo on Sept 15, 1951, should be corrected as follows:

Item No. 5 should read "M"

Instead of "F"

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

Item No. \_\_\_\_\_ should read \_\_\_\_\_

Instead of \_\_\_\_\_

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Anna Zabel Sister  
Relationship.

Westmoreland, Kansas

Present Address.

Subscribed and sworn to before me this 10th day of October, 1951

October 9, 1954

My Commission expires \_\_\_\_\_

John W. Perkins Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.