No. 300
10.48

FILED SEP 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26438

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: DeKalb 0251
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~US 36 east Osborn~~
c. LENGTH OF STAY (In this place): ~~3 mos~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cameron Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institutions residence before admission)
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0592
d. STREET ADDRESS (If rural, give location): 1002 Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Mabel
b. (Middle): Pauline
c. (Last): Zabek

4. DATE OF DEATH (Month) (Day) (Year): Aug 31 51

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec 19 1905
9. AGE (In years last birthday): 45 — 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): House wife
10b. KIND OF BUSINESS OR INDUSTRY: House work
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA.
13a. FATHER'S NAME: R. T. Robertson
13b. MOTHER'S MAIDEN NAME: Grace.
14. NAME OF HUSBAND OR WIFE: Alex Zabek.
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.: 490-10-3033
17. INFORMANT'S SIGNATURE OR NAME: R. T. Robertson — **ADDRESS**: Denver, Missouri.

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, asthenia, 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 — INTERVAL BETWEEN ONSET AND DEATH:

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 ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): U.S. Hwy 36
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): DeKalb Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8-31-51 8 P.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
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 (Degree or title): Acting Coroner
23b. ADDRESS: Maysville Mo
23c. DATE SIGNED: Sept 1 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-5-51
24c. NAME OF CEMETERY OR CREMATORY: Mihher Cemetery
24d. LOCATION (City, town, or county) (State): Denver Mo

DATE REC'D BY LOCAL REG.: 9-7-51
REGISTRAR'S SIGNATURE: Winifred W. Moser
25. FUNERAL DIRECTOR'S SIGNATURE: Roland Funeral Home — **ADDRESS**: Cameron Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
DISTRICT
HEALTH OFFICE
CAMBRIDGE, MD.
OCT 17 1951

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 Darrell D Lyon

Licensed Embalmer No. 3640

P. O. Address Plattsburg Md

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.