

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27926**

FILED AUG 22 1951

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 192			
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa				b. COUNTY Johnson	
b. CITY (If outside corporate limits, write RURAL and give township) Moberly		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Iowa City		d. STREET ADDRESS (If rural, give location) 514th			
d. FULL NAME OF HOSPITAL OR INSTITUTION Woodland Hospital				3. NAME OF DECEASED a. (First) Leila				b. (Middle) Kabela	
c. (Last) Kabela		4. DATE OF DEATH (Month) (Day) (Year) Aug 16 1951		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 4 1931		9. AGE (In years last birthday) 20		10. MONTHS 3			
11. BIRTHPLACE (State or foreign country) Iowa City, Iowa		12. CITIZEN OF WHAT COUNTRY?		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			
13a. FATHER'S NAME Harold Miller		13b. MOTHER'S MAIDEN NAME Aones Swaner		14. NAME OF HUSBAND OR WIFE Frank					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME Frank Kabela, Iowa City, Iowa					
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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cavernous sinus thrombosis				INTERVAL BETWEEN ONSET AND DEATH One hour	
ANTECEDENT CAUSES Hamm. Rupture left diaphragm				DUE TO (b) Fracture pelvis				5 days	
DUE TO (c)				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Pregnancy - aborted spont.				E 81641 E 26	
19a. DATE OF OPERATION 13 Aug 51		19b. MAJOR FINDINGS OF OPERATION Stomach colon, spleen - 2. Lobe liver in chest						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Accident		21b. PLACE OF INJURY (In case of home, farm, factory, street, office, shop, etc.) Public Highway		21c. (CITY) TOWN, OR TOWNSHIP Paris		(COUNTY) Monroe		(STATE) MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 11 5:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto collision passenger					
22. I hereby certify that I attended the deceased from 11 Aug 1951 , to 16 Aug 1951 , that I last saw the deceased alive on 16 Aug 1951 , and that death occurred at 10:20 a.m. , from the causes and on the date stated above.									
23a. SIGNATURE H. K. ...				(Degree or title) MD		23b. ADDRESS Woodland Hosp Dr Moberly		23c. DATE SIGNED Aug 16 51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Aug 16 1951		24c. NAME OF CEMETERY OR CREMATORY <input checked="" type="checkbox"/>		24d. LOCATION (City, town, or county) (State) Iowa City Iowa			
DATE REC'D BY LOCAL REG. Aug 16 51		REGISTRAR'S SIGNATURE Leah ...		25. FUNERAL DIRECTOR'S SIGNATURE 269 ...		ADDRESS Mahon and Low Moberly Mo			

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

Date Received: **AUG 20 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-1472*
Date Filed: **AUG 21 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 *Frank D. DeWitt*

Licensed Embalmer No. *3121*

P. O. Address *Moberly, 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.