

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38323**

FILED DEC 7 1951

BIRTH NO. **54839-51** REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **3052** Registrar's No. **362**

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Mo b. COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hughesville - Rural	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bathwell Hosp.		d. STREET ADDRESS Hughesville, R # 21	
3. NAME OF DECEASED (Type or Print) Daniel Lee Abe		4. DATE OF DEATH (Month) (Day) (Year) Nov 22, 1951	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Mar		8. DATE OF BIRTH July 30, 1951	
9. AGE (In years last birthday) 0		10. IF UNDER 1 YEAR Days 3 Hours 22 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTH PLACE (State or foreign country) Sedalia Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James T. Abe		13b. MOTHER'S MAIDEN NAME Margaret Brown	
14. NAME OF HUSBAND OR WIFE —		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give year or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jas. T. Abe - Hughesville	
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) Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) — 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 491X	
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.) —		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 11-20 , 1951, to 11-22 , 1951, that I last saw the deceased alive on 11-22 , 1951, and that death occurred at 7:30 p.m. , from the causes and on the date stated above.	
23a. SIGNATURE Elmer Gordon Hauffe MD (Degree or title)		23b. ADDRESS Sedalia Mo	
23c. DATE SIGNED 11-26-51		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 11-24-51		24c. NAME OF CEMETERY OR CREMATORY Knob Noster	
24d. LOCATION (City, town, or county) (State) Knob Noster Mo		25. FUNERAL DIRECTOR'S SIGNATURE M. Laughlin Bros - Sedalia	
DATE REC'D BY LOCAL REG. 11-24-51		REGISTRAR'S SIGNATURE W. J. Campbell	

(Licensed Embalmers' Statement on Reverse Side)

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

RECEIVED DEC 6 1951
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed DEC 6 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 _____

Licensed Embalmer No. 3152

P. O. Address Sedalia, 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.