

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No.

21085

FILED JUL 5 1952

BIRTH NO. REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5662 Registrar's No. 67

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LEWIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL LA BELLE		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN DURHAM	
c. LENGTH OF STAY (in this place) 15 YRS.		d. STREET ADDRESS (If rural, give location) XXXXXXXXXXXXXXXXXXXX	
d. FULL NAME OF HOSPITAL OR INSTITUTION PRARIE VIEW REST HOME			

3. NAME OF DECEASED (Type or Print) MAMIE		a. (First) b. (Middle) c. (Last) ABELL		4. DATE OF DEATH (Month) (Day) (Year) JUNE 15 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MARCH 17, 1893	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR Days 28
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COOK		10b. KIND OF BUSINESS OR INDUSTRY REST HOME		11. BIRTHPLACE (State or foreign country) DURHAM, MISSOURI	
				12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME JOHN SHACKELFORD ABELL		13b. MOTHER'S MAIDEN NAME EDNA JOHNSON		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. XXXXXXXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. KITTY UNDERBRINK LEWISTOWN, 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) <i>Plumage for sufficiency of heart</i> 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.		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) m.		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 June 10, 1952, to June 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 6 P. M., from the causes and on the date stated above.

23a. SIGNATURE J. L. Carter D.O.		23b. ADDRESS La Belle MO		23c. DATE SIGNED 6-15-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/17/52		24c. NAME OF CEMETERY OR CREMATORY DURHAM	
				24d. LOCATION (City, town, or county) (State) DURHAM, MISSOURI	

DATE REC'D BY LOCAL REG. 6-28-52		REGISTRAR'S SIGNATURE P. W. Jennings		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
				LEWISTOWN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

1560
4

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Charles J. Arnold, Sr.

Signed
Student Embalmer

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.