

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39761

State File No. ....

NOV 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5970 Registrar's No. 132

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

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Polk</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p style="text-align: center;">Missouri</p>		b. COUNTY <p style="text-align: center;">Polk</p>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Cligot</p>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Cligot</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">8</p>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <p style="text-align: center;">John</p>	b. (Middle) <p style="text-align: center;">Lewis</p>	c. (Last) <p style="text-align: center;">Ables</p>	(Month) <p style="text-align: center;">Nov.</p>	(Day) <p style="text-align: center;">19,</p>	(Year) <p style="text-align: center;">1952</p>

5. SEX <p style="text-align: center;">male</p>	6. COLOR OR RACE <p style="text-align: center;">white</p>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <p style="text-align: center;">married</p>	8. DATE OF BIRTH <p style="text-align: center;">Mar. 4, 1867</p>	9. AGE (In years last birthday) <p style="text-align: center;">85</p>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1000 HOURS Hours	IF UNDER 1000 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <p style="text-align: center;">Farmer</p>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <p style="text-align: center;">Polk County, Mo.</p>	12. CITIZEN OF WHAT COUNTRY? <p style="text-align: center;">U.S.A.</p>
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13a. FATHER'S NAME <p style="text-align: center;">Jess W. Ables</p>	13b. MOTHER'S MAIDEN NAME <p style="text-align: center;">Mary I. Lockwood</p>	14. NAME OF HUSBAND OR WIFE <p style="text-align: center;">Della Abkes</p>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <p style="text-align: center;">no</p>	16. SOCIAL SECURITY NO. <p style="text-align: center;">none</p>	17. INFORMANT'S SIGNATURE OR NAME <p style="text-align: center;">Mrs. C. A. Lawson</p>	ADDRESS <p style="text-align: center;">Cligot, Mo.</p>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute heart failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> 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 <p style="text-align: center;">4-2-2-2</p>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Nov 15, 1952 to Nov 19, 1952 that I last saw the deceased alive on Nov 15, 1952, and that death occurred at 8:05 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <p style="text-align: center;">D. M. McLean M.D.</p>	23b. ADDRESS <p style="text-align: center;">Bolivar, Mo.</p>	23c. DATE SIGNED <p style="text-align: center;">Nov 20, 1952</p>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <p style="text-align: center;">Burial</p>	24b. DATE <p style="text-align: center;">Nov. 21, 1952</p>	24c. NAME OF CEMETERY OR CREMATORY <p style="text-align: center;">Salem Cemetery</p>	24d. LOCATION (City, town, or county) (State) <p style="text-align: center;">Polk County, Mo.</p>
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DATE REC'D BY LOCAL REG. <p style="text-align: center;">Nov 21, 1952</p>	REGISTRAR'S SIGNATURE <p style="text-align: center;">Ralph Gordon</p>	25. FUNERAL DIRECTOR'S SIGNATURE <p style="text-align: center;">Turpin Funeral Home</p>	ADDRESS <p style="text-align: center;">Bolivar, Mo.</p>
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(Licensed Embalmer's Statement on Reverse Side)

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 \_\_\_\_\_

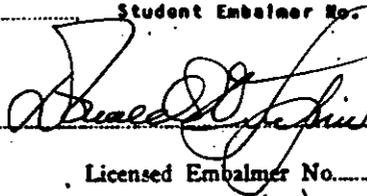
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer.

Signed



Licensed Embalmer No. 3053

P. O. Address Bolivar, 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.