

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 99

0040
1

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

BIRTH NO.		REG. DIST. NO. 2		PRIMARY REG. DIST. NO. 5034		Registrar's No. 8	
1. PLACE OF DEATH a. COUNTY Audrain				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY AUDRAIN			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL PAIRIE		c. LENGTH OF STAY (in days) 30		c. CITY (If outside corporate limits, write RURAL and give township) RURAL PAIRIE		0040	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.#4 MEXICO, MO.				d. STREET ADDRESS (If rural, give location) R. F.D.#4 MEXICO, MO.			
3. NAME OF DECEASED (Type or Print) a. (First) J.		b. (Middle) ED		c. (Last) AZDELL		4. DATE OF DEATH (Month) (Day) (Year) JAN. 9 1953	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH SEPT. 4 1874	
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 12 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY OWN FARM		11. BIRTHPLACE (City and State or Foreign Country) AUDRAIN COUNTY MISSOURI		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME J. M. AZDELL		13b. MOTHER'S MAIDEN NAME ELIZA CABLE		14. NAME OF HUSBAND OR WIFE MINNIE AZDELL			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME BERRY AZDELL			
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 Cancer of Prostate ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prostatitis DUE TO (c) Secondary II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 177X				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 July 1, 1952, to Jan 9, 1953 , that I last saw the deceased alive on Jan 8, 1953 , and that death occurred at 9 A.M. from the causes and on the date stated above.							
23a. SIGNATURE R. M. Van Meter		23b. ADDRESS Mexico Mo.		23c. DATE SIGNED 1-9-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN. 11 53		24c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEMETERY		24d. LOCATION (City, town, or county) (State) MEXICO, MO.	
DATE REC'D BY LOCAL REG. 1-10-53		REGISTRAR'S SIGNATURE Dr. H. K. K...		25. FUNERAL DIRECTOR'S SIGNATURE Paul E. P...			
				ADDRESS Mexico Mo.			

(Licensed Embalmer's Statement on Reverse Side)

SEN 1 2 1950

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

Edly Jack Skinner

Licensed Embalmer No. 4784

P. O. Address MEXICO, 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.