

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2213

State File No. _____

FILED FEB 4 1953

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 24

5644
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ralls</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Center</u>	
c. LENGTH OF STAY (In this place) <u>1 hour</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry James</u> b. (Middle) <u>Pabst</u> c. (Last) <u>Pabst</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 23, 1953</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>February 20, 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>3</u>	IF UNDER 4 HRS. Hours <u>1</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>XK</u>	11. BIRTHPLACE (State or foreign country) <u>Ralls County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Christan F Pabst</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Woods</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Gertrude Pabst</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Pabst Henter Missouri</u>	ADDRESS <u>Missouri</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushing injury to rt chest with massive pulmonary lobe collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>At chest</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E8161 26</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>087</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>on highway #61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>2 mi north of New London Ralls, Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>1-23-53 about 10:00 A.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>on highway this auto collided with truck</u>
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22. I hereby certify that I attended the deceased from Jan 23, 1953, to Jan 23, 1953, that I last saw the deceased alive on Jan 23, 1953, and that death occurred at 12:00 m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Haverstick M.D.</u>	(Degree or title)	23b. ADDRESS <u>Hannibal Mo</u>	23c. DATE SIGNED <u>Jan 26-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/26/1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Burial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-27-53</u>	REGISTRAR'S SIGNATURE <u>Dr. C. M. Lucke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>By W. C. Fisher</u>	ADDRESS <u>Hannibal Missouri</u>
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RECEIVED FEB 2 1953
MARION CO. HEALTH DEPT.
DATE FILED FEB 2 1953

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.....

John S. Spaul

Signed.....
Student Embalmer

Licensed Embalmer No. 4540.....

P. O. Address Hannibal 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.