

STANDARD CERTIFICATE OF DEATH

St. File No. **14973**

No. 300
10-48

FILED MAY 4 1953

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **4319** Registrar's No. **11**

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

1. PLACE OF DEATH a. COUNTY MARIES			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MARIES		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BELLE		c. LENGTH OF STAY (in this place) 3 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Belle		0630
d. FULL NAME OF HOSPITAL OR INSTITUTION Belle			d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) ANNA		a. (First)	b. (Middle) WINFRED	c. (Last) ABEL	4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1953
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH August 17-1927	9. AGE (In years last birthday) 25	IF UNDER 1 YEAR Days 8
IF UNDER 1 YEAR Hours 2	IF UNDER 24 HRS. Min. _____	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Plattsburg N.Y.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joseph H. Petrie		13b. MOTHER'S MAIDEN NAME Eva Cadieux		14. NAME OF HUSBAND OR WIFE Chris W. Abel Jr Belle Mo	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Chris W. Abel Jr. ADDRESS Belle 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.	<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute adrenocortical failure ANTECEDENT CAUSES Chronic adrenal insufficiency Morbid 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 OR CAUSES Possible pulmonary embolism and anemia Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 30 min. 3 yrs. minutes one year
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 274X				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 June 30, 1952 to 4-19-53 , that I last saw the deceased alive on 4-18-53, 19 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE F. L. Kozal, M.D. (Degree or title)			23b. ADDRESS Belle, Mo.		23c. DATE SIGNED 4-23-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4/23/53	24c. NAME OF CEMETERY OR CREMATORY Liberty Cemetery	24d. LOCATION (City, town, or county) (State) Belle Mo		
DATE REC'D BY LOCAL _____	REGISTRAR'S SIGNATURE Pauline Howard	25. FUNERAL DIRECTOR'S SIGNATURE Clayton Norton	ADDRESS Linn Mo		

(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

Samuel M. Weston

Licensed Embalmer No.

4125

P. O. Address

Leam No

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.