

FILED FEB 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5671

State File No. 84
Registrar's No. 84

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		State File No. 84		Registrar's No. 84			
1. PLACE OF DEATH a. COUNTY <u>Nodaway</u> <u>0742</u>					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maryville</u>			c. LENGTH OF STAY (in this place) <u>14 yrs</u>		c. CITY OR TOWN <u>Maryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>					e. STREET ADDRESS (If rural, give location) <u>710 N. Main</u> <u>0742</u>						
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>H.</u>		c. (Last) <u>Abel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-13-1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>8-10-1861</u>		9. AGE (In years last birthday) <u>93</u> if UNDER 1 YEAR: Months _____ Days _____ if UNDER 1 HR.: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Concrete & Cement Wk-</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Building Trade</u>			11. BIRTHPLACE (City and State or foreign Country) <u>French Lick Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Brazilla Abel</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Della Hathrop</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Abel-Maryville Mo.</u> ADDRESS _____						
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, asthenia, etc. It means the disease, injury, or complication which caused death.					I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>C decompression</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>4200 F</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myopia, tracheotomy, fracture of right femur</u>											
19a. DATE OF OPERATION <u>2/10/55</u>		19b. MAJOR FINDINGS OF OPERATION <u>Int. tracheotomy, fracture, right hip</u>			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) _____		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 <u>2/4</u> , 19 <u>55</u> , to <u>2/13</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>2/12</u> , 19 <u>55</u> and that death occurred at <u>4:30</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>D. S. Blum</u> (Degree or title) <u>MD</u>					23b. ADDRESS <u>Maryville Mo.</u>			23c. DATE SIGNED <u>2-19-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ohio Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Burlington Jet- Mo.</u>				
DATE REC'D BY LOCAL REG. <u>2-19-55</u>		REGISTRAR'S SIGNATURE <u>Gess Holt</u> <u>3-29</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>G. O. Clifton</u> ADDRESS <u>Maryville Mo.</u>						

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

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.....
Signature of Student Embalmer

Signed *R. W. Atkinson*

Licensed Embalmer No...*32*...

P. O. Address *Maryville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.