

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **37618**

BIRTH NO.		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 4375		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Conception Jct			c. LENGTH OF STAY (In this place) 78 yrs		c. CITY OR TOWN Conception Jct		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				f. STREET ADDRESS (If rural, give location) 0740			
3. NAME OF DECEASED (Type or Print)		a. (First) Martha		b. (Middle)		c. (Last) Abels	
4. DATE OF DEATH (Month) (Day) (Year) 11-25-1955		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 12, 1877		9. AGE (In years last birthday) 78		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) housewife		10b. KIND OF BUSINESS OR INDUSTRY home own		11. BIRTHPLACE (City and State or Foreign Country) Conception Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William King		13b. MOTHER'S MAIDEN NAME unknown		14. NAME OF HUSBAND OR WIFE Jake Abels			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Zirfas-Conception Jct. Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Carcinoma of Colon		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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		Conditions contributing to the death but not related to the disease or condition causing death.				153x	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Generally Carcinoma of colon				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) m.		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 April 1955 , to June 1955 , that I last saw the deceased alive on June 1955 and that death occurred at 6:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE J. Zirfas (Degree or title) M.D.				23b. ADDRESS Maryville, Mo.		23c. DATE SIGNED 11/28/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 11-28-1955		24c. NAME OF CEMETERY OR CREMATORY St Columba Cemetery		24d. LOCATION (City, town, or county) (State) Conception Jct., Mo.	
DATE REC'D BY LOCAL REG. 12-3-55		REGISTRAR'S SIGNATURE Beas Holt		25. FEDERAL DIRECTOR'S SIGNATURE W. H. Tucker		ADDRESS Maryville, Mo.	

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 *G M Atchison*.....

Licensed Embalmer No. *237*

P. O. Address *Maywood*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.