

FILED SEP 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH30780
STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 29

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Bates</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u> | | c. CITY OR TOWN <u>Rich Hill</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1501 Park Ave.</u> | | Length of stay in lb <u>70 yrs</u> | |
| 3. NAME OF DECEASED (Type or print) <u>NELLIE</u> | | Last <u>ABEL</u> | |
| 5. SEX <u>female</u> | | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | |
| 6. COLOR OR RACE <u>white</u> | | 8. DATE OF BIRTH <u>March 2 1872</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | |
| 13a. FATHER'S NAME <u>John H. Robinson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Jones</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 17. INFORMANT Address <u>Miss Julia Abel-Rich Hill, Missouri</u> | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterial Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>331x</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hrs.</u> <u>15 yrs.</u> | |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____ | | 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>Oct. 1952</u> to <u>Sept. 1957</u> and last saw her alive on <u>Sept. 15, 1957</u> Death occurred at <u>6:45 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>Thomas F. Bege D.O.</u> | |
| 22b. ADDRESS <u>Rich Hill, Mo</u> | | 22c. DATE SIGNED <u>9-17-57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 23b. DATE <u>9/18/57</u> | |
| 23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u> | | 23d. LOCATION (City, town, or county) (State) <u>Rich Hill, Missouri</u> | |
| 24. FUNERAL DIRECTOR <u>Booth Funeral Serv Rich Hill Mo</u> | | 25. DATE RECD. BY LOCAL REG. <u>Sept. 18 1957</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Edna Dargatzis</u> | | | |

(Licensed Embalmers' Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Robert G. Steinbuch

Licensed Embalmer No. 4657

P. O. Address Butler, Pa.

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.