

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**58-008730**

STATE FILE NUMBER

**FILED APR 15 1958**

Registration District No. **38**

Primary Registration District No. **3006**

Registrar's No. **142**

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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <b>Boone</b><br>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/><br>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Boone County Hosp.</b> Length of stay in lb <b>3 days</b>                                                                                                                                            |  |                                                                                                                                                              |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>Boone</b> <b>2700</b><br>c. CITY OR TOWN <b>Centralia</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/><br>d. STREET ADDRESS <b>Route 1</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |                                                                                                                           |  |
| <b>3. NAME OF DECEASED</b> (Type or print) First <b>Arthur</b> Middle <b>Wayne</b> Last <b>Abendshien</b>                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                                                              |  | <b>4. DATE OF DEATH</b> Month <b>March</b> Day <b>25</b> Year <b>1958</b>                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                           |  |
| <b>5. SEX</b> <b>Male</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>6. COLOR OR RACE</b> <b>Caucasian</b>                                                                                                                     |  | <b>7. MARRIED</b> <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>                                                                                                                                                                                                                                                                 |  | <b>8. DATE OF BIRTH</b> <b>July 2, 1912</b>                                                                               |  |
| <b>9. AGE</b> (In years last birthday) <b>45</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Asst. Supt. Pipe Line Co.</b>                          |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b>                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>11. BIRTHPLACE</b> (City and state or country) <b>Hutchinson, Kansas /</b>                                             |  |
| <b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>13. FATHER'S NAME</b> <b>John Abendshien</b>                                                                                                              |  | <b>14. MOTHER'S MAIDEN NAME</b> <b>Pearl McClurg</b>                                                                                                                                                                                                                                                                                                                                                                            |  | <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service) |  |
| <b>16. SOCIAL SECURITY NO.</b> <b>509-07-5875</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>17. INFORMANT</b> <b>Mrs. Matilda Abendshien</b> Address <b>Mo. Centralia</b>                                                                             |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                           |  |
| <b>18. CAUSE OF DEATH</b> [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Polysystic Kidney Disease</b><br>(b) <b>Uremia, Hyperpotossemia and</b><br>(c) <b>acidosis, bleeding from urinary tract</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>7571</b> |  |                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><b>congenital</b><br><b>1 yr</b><br><b>5 days</b>                              |  |
| <b>19a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>19b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in Part I or Part II of Item 18.) <b>2</b>                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                           |  |
| <b>20a. TIME OF INJURY</b> Hour <b>3:15</b> Month, Day, Year <b>3/22/58</b>                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>20b. PLACE OF INJURY</b> (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>2</b>                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                           |  |
| <b>21. I attended the deceased from</b> <b>3/22/58</b> <b>to</b> <b>3/24/58</b> <b>and last saw him alive on</b> <b>3/23/58</b><br><b>Death occurred at</b> <b>3:15</b> <b>a m</b> on the date stated above; and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                 |  | <b>22a. SIGNATURE</b> (Degree or title) <b>James C Cope MD</b> <b>22b. ADDRESS</b> <b>Columbia Mo. 909 University</b> <b>22c. DATE SIGNED</b> <b>3/25/58</b> |  |                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                           |  |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | <b>23b. DATE</b> <b>March 28, '58</b>                                                                                                                        |  | <b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>City of Centralia</b>                                                                                                                                                                                                                                                                                                                                                              |  | <b>23d. LOCATION</b> (City, town, or county) (State) <b>Centralia, Mo.</b>                                                |  |
| <b>24. GENERAL DIRECTOR</b> <b>Bill J. Meador</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | <b>25. DATE RECD. BY LOCAL REG.</b> <b>April 7 1958</b>                                                                                                      |  | <b>26. REGISTRAR'S SIGNATURE</b> <b>Mrs R.E. Palmer</b>                                                                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                           |  |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

APR 15 1958

### STATEMENT BY LICENSED EMBALMER

T. E.

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

*Bill J. Meador*

Licensed Embalmer No. 48

P. O. Address Centuria, N.

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