

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 7 1961

-61-000255

STATE FILE NUMBER

Registration District No. 37 Primary Registration District No. 4049 Registrar's No. 8

RITE
TUB

AMENDED

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59

62

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CENTRALIA</u>		Length of stay in lb <u>11 Months</u>	c. CITY OR TOWN <u>Stoutsville</u> Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Way Nursing Home</u>		Inside Limits Yes ☒ No ☐	d. STREET ADDRESS (If outside, give location) <u>Stoutsville, MO</u> Reside on Farm Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Madison</u> Last <u>Abell</u>		4. DATE OF DEATH Month <u>July</u> Day <u>4</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH <u>4-2-1980</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer Ret</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) <u>Ralls Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Madison B Abell</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred M. Castmell</u>	
14. NAME OF HUSBAND OR WIFE <u>Lucille Abell</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>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Madison B Abell</u> Address <u>Centralia Mo</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>Cerebral thrombosis</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>amputation of right lower leg 23 Feb '60 for gangrene</u>		INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u> <u>1 year</u>	
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
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. Month, Day, Year _____	
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		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>March 14, 1960</u> to <u>Feb 4, 1961</u> and last saw her/him alive on <u>January 27, 1961</u> Death occurred at <u>8 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>L. Lachance, M.D.</u>		22b. ADDRESS <u>Centralia, Mo.</u>	
22c. DATE SIGNED <u>4 Feb 61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>2-6-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Stoutsville Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Stoutsville Mo</u>		23e. DATE RECD. BY LOCAL REG. <u>Feb. 4 - 1961</u>	
23f. REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>		23g. FUNERAL DIRECTOR <u>Wilson & Sons</u>	
ADDRESS <u>Monroe City Mo</u>		23h. REGISTRAR'S SIGNATURE <u>Maud M. Bride</u>	

(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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Lester L. Wilson

Licensed Embalmer No. 2014

P. O. Address Monroe City 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.