

FILED NOV 1 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 36091

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 170					
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Vernon</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural of Wash. Mo</u>		c. LENGTH OF STAY (In this place) <u>2</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thosda Mo</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MARIA T. NEBEL</u>				d. STREET ADDRESS (If rural, give location) <u>407 N Cedar</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARIA</u> b. (Middle) <u>T</u> c. (Last) <u>NEBEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10-22-49</u>								
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED (Wife) OR WIDOWED (Widow) OR DIVORCED (Divorced) <u>Single</u>		8. DATE OF BIRTH <u>2-22-1867</u>					
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR (Months) <u>8</u>		IF UNDER 1 YEAR (Days) <u>0</u>		IF UNDER 24 HRS. (Hours) (Min.)					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>			10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>			11. BIRTHPLACE (State or foreign country) <u>High Hill Mo</u>					
12. CITIZEN OF WHAT COUNTRY <u>USA</u>			13a. FATHER'S NAME <u>John Nebel</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Kamberger</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If Yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital record</u>			ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile deterioration</u>		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) <u>✓</u>									
		DUE TO (c) <u>✓</u>									
		11. OTHER SIGNIFICANT CONDITIONS									
		Conditions contributing to the death but not related to the disease or condition causing death. <u>✓</u>									
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION						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>6-20</u> , 19 <u>49</u> to <u>10-22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10-22</u> , 19 <u>49</u> , and that death occurred at <u>10:35</u> p.m., from the causes and on the date stated above.											
23a. SIGNATURE <u>R. G. Hall MD</u>				(Degree or title) <u>MD</u>				23b. ADDRESS <u>Nevada Mo</u>		23c. DATE SIGNED <u>10-22-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Remove</u>		24b. DATE <u>Oct. 24, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) <u>High Hill, Mo</u>		(State) <u>Mo</u>			
DATE REC'D BY LOCAL REG. <u>Oct 24, 1949</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Yarnall</u>			331		25. FUNERAL DIRECTOR'S SIGNATURE <u>Reichinger</u>			ADDRESS <u>Funeral Home Nevada, Mo.</u>	

(Licensed Emballer's Statement on Reverse Side)

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

No. 300

10-48

08 000

RECEIVED  
District Health Officer No. 7,  
District File Number 9-49-1294  
Date Filed 10-31-49

**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 .....  
Student Embalmer

Signed

*Mark E. Eshner*

Licensed Embalmer No. 2656

P. O. Address Nevada, 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 this body is not embalmed, fact should be so stated above.