

FILED APR 10 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9365

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>227</u>		PRIMARY REG. DIST. NO. <u>5806</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Monroe</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, write RURAL and give township) OR TOWN <u>Rural (Southfork Township)</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>0670</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Paris, Mo. R.F.D.</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u>			b. (Middle) <u>F</u>		c. (Last) <u>ABELL.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March, 30, 1951</u>
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10-13-1890</u>	
						9. AGE (In years last birthday) <u>60</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u> IF UNDER 12 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Rolls Co, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Joseph Martin Abell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Charlie Reil</u>		14. NAME OF HUSBAND OR WIFE <u>Jewell E. 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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Jewell Abell</u> ADDRESS <u>Paris, Mo. R.F.D.</u>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion.</u>					INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. ANTECEDENT CAUSES 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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Mexico Audrain Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>2/17/51</u> , 19 <u>51</u> , to <u>3/6/51</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>March 6, 1951</u> , and that death occurred at <u>4:00A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Frank Jolley</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Mexico, Missouri</u>		23c. DATE SIGNED <u>3/31/51</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/2/1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Brendon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mexico, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>4-3-51</u>		REGISTRAR'S SIGNATURE <u>A. A. Barnett, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chyler Wilkey</u>		ADDRESS <u>Perry, Mo.</u>	

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

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Date Received: APR 9 1951  
DISTRICT HEALTH OFFICE #2  
District File Number 4-51-676  
Date Filed: APR 9 1951

**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 Clyde Wilkey

Licensed Embalmer No. 3720

P. O. Address Perry, 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.