

FILED DEC 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40005

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>443</u>		
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Madison</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKSVILLE</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>PALMYRA</u>		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LAUGHLIN HOSPITAL & CLINIC</u>				STREET ADDRESS (If rural, give location) <u>06th</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAE</u>			b. (Middle) <u>alice</u>		c. (Last) <u>SAFFELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>2-26-1900</u>		9. AGE (In years last birthday) <u>54</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>23</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Adair Co., Mo., Rural</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>J. Hanes</u>		13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Edward Saffell</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward Saffell, Palmyra, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>8 hours</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory collapse</u>				DUE TO (b) <u>Almost complete fatty degeneration of liver</u>				unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Incompetent urethra 5810</u>				
19a. DATE OF OPERATION <u>12-16-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>urethroplasty</u> <u>Abdominal exploration with biopsy of liver</u>				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) (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>12-7-54</u> , 19 <u>54</u> , to <u>12-18-54</u> , that I last saw the deceased alive on <u>12-17-54</u> , 19 <u>54</u> , and that death occurred at <u>2:55 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Paul Kangel Jr D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>12-20-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-21-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>LaPlata Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>LaPlata Mo.</u>		
DATE REC'D BY LOCAL REG. <u>12-23-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D.S. Christie LaPlata Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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.....
D. S. Christie

Licensed Embalmer No. *1109*

P. O. Address *La Plata*

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.