

FILED AUG 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25725

State File No.

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 421

1. PLACE OF DEATH a. COUNTY <u>Henry Gas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Henry Gas</u>	
b. CITY OR TOWN <u>Ava</u>	c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Ava</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>0370</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William J.</u>	b. (Middle)	c. (Last) <u>Ablem</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1955</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Feb. 14, 1871</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Greene Co. Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Ablem</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Sanders</u>	14. NAME OF HUSBAND OR WIFE <u>Maybelle Ablem</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Maybelle Ablem</u>	ADDRESS <u>Ava, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2-3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Malnutrition</u> <u>Wasting - from prostatic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) <u>Chronic Benign Hypertension</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Coronary Arteriosclerosis</u>		15-4	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>610X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. C. Gentry M.D.</u>	(Degree or title)	23b. ADDRESS <u>Ava MO</u>	23c. DATE SIGNED <u>8-9-55</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 7, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seymour</u>	24d. LOCATION (City, town, or county) (State) <u>Seymour MO.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 19, 1955</u>	REGISTRAR'S SIGNATURE <u>Uental Bushman</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Christine Beard</u>	ADDRESS <u>Funeral Home, Ava, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 19 1958

DEC 24 1958

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 *Charles R. Fish*.....

Licensed Embalmer No. *466*.....

P. O. Address *Avon, N.J.*.....

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.