

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 27 1956

BIRTH NO. _____		REG. DIST. NO. <u>257</u>		PRIMARY REG. DIST. NO. <u>5921</u>		Registrar's No. <u>16</u>			
1. PLACE OF DEATH a. COUNTY OSAGE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY OSAGE					
b. CITY (If outside corporate limits, write RURAL and give township) BELLE		c. LENGTH OF STAY (in this place) 45 yrs		c. CITY OR TOWN BELLE		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 FAMILY HOME				No. STREET ADDRESS (If rural, give location) 076⁰⁰					
3. NAME OF DECEASED (Type or Print) a. (First) HENRY WILSON b. (Middle) ABEL c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) March 16th 1956						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 1 - 1879			
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10b. KIND OF BUSINESS OR INDUSTRY retail stores (general)		11. BIRTHPLACE (City and State or Foreign Country) INDIANA		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME WILLIAM T. ABEL		13b. MOTHER'S MAIDEN NAME NANCY WATSON		14. NAME OF HUSBAND OR WIFE AMELIA (Hebers) ABEL					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amelia Abel, Belle, Mo.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Prostate DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 5 days 15 months	
19a. DATE OF OPERATION _____		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) 177X					
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>Jan 1, 1955</u> , to <u>3/16, 1956</u> , that I last saw the deceased alive on <u>3/15, 1956</u> , and that death occurred at <u>9:15 PM</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. H. Schenck, D.D.				23b. ADDRESS Belle, Mo.		23c. DATE SIGNED 3/17/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/18/1956		24c. NAME OF CEMETERY OR CREMATORY Liberty Cametary		24d. LOCATION (City, town, or county) (State) Belle, Missouri			
DATE REC'D BY LOCAL REG. Mar 21-1956		REGISTRAR'S SIGNATURE T. A. Antroville		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sassmann's Funeral Service, Belle					

MAR 28 1956

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 *Cherter L. Jackson*.....

Licensed Embalmer No. *4117*

P. O. Address *Blair*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.