

FILED NOV 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40320**

BIRTH NO. _____ REG. DIST. NO. **391** PRIMARY REG. DIST. NO. **653** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY STODDARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY STODDARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-PIKE		c. LENGTH OF STAY (in this place) -	c. CITY OR TOWN BELL CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION -		STREET ADDRESS (If rural, give location) NEAR BELL CITY, MO.	

3. NAME OF DECEASED (Type or Print)	a. (First) FLIX	b. (Middle) -	c. (Last) ABNER	4. DATE OF DEATH	(Month) OCT.	(Day) 26	(Year) 1956
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH APRIL 1, 1869	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME RICHARD ABNER	13b. MOTHER'S MAIDEN NAME SARAH ARMSFEL	14. NAME OF HUSBAND OR WIFE ROSE ABNER, BELL CITY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME EILEEN SESSIONS, BELL CITY, MO	ADDRESS BELL CITY, MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis			2 years
ANTECEDENT CAUSES	DUE TO (b) _____		
<i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	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	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) m.	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 **April**, 19**53**, to **Oct. 26**, 19**56**, that I last saw the deceased alive on **Oct. 26**, 19**56**, and that death occurred at **6:30 AM** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter H. Rivers, D.C.	23b. ADDRESS Bell City, Mo.	23c. DATE SIGNED. 10-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10/28/56	24c. NAME OF CEMETERY OR CREMATORY BELL CITY CEMETARY	24d. LOCATION (City, town, or county) (State) BELL CITY, MISSOURI
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DATE REC'D BY LOCAL REG. 10/27/56	REGISTRAR'S SIGNATURE Bernice Moore	25. FUNERAL DIRECTOR'S SIGNATURE Mrs. L. E. & S. Morgan, Sr.	ADDRESS Osage, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *W^m H. Mayne*.....

Licensed Embalmer No. *464*

P. O. Address *Advance*

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.