

Health, & Welfare  
S. Public  
th Service

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v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 12 1957

STANDARD CERTIFICATE OF DEATH

643249

STATE FILE NUMBER

Registration District No. 33-0 Primary Registration District No. 4507-0 Registrar's No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>SHANNON Texas</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>SUMMERSVILLE</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		a. STATE <u>MO.</u>		b. COUNTY <u>TEXAS</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb		c. CITY OR TOWN <u>CABOOL</u> 107 <sup>th</sup>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. STREET ADDRESS (If outside, give location)				Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <u>John</u> <sup>First</sup> <u>ABELS</u> <sup>Middle</sup> <u>ABELS</u> <sup>Last</sup>				4. DATE OF DEATH <u>11-2-57</u> Month <u>11</u> Day <u>2</u> Year <u>57</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>9-13-1865</u>	
9. AGE (In years last birthday) <u>92</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>JUDGE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>DIETERICH, ILL.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>MARTIN ABELS</u>		14. MOTHER'S MAIDEN NAME <u>EMMA LUERSSEN</u>			
15. WAS DECEASED EVER IN U. S. ARMED SERVICES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Ruth Walls, Summersville, MO.</u> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arterio sclerotic heart disease</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Senility</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY. Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>1951</u> to <u>Sept 29 1957</u> and last saw her alive on <u>Sept 29 1957</u> Death occurred at <u>2:10 P</u> m on the date stated above, and to the best of my knowledge, from the cause stated.							
22a. SIGNATURE <u>Harold Gentry</u> (Degree or title)				22b. ADDRESS <u>Cabool Mo</u>		22c. DATE SIGNED <u>11/4/57</u>	
23a. BURIAL, CREMATION; REMOVAL (Specify)		23b. DATE <u>11-5-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEM.</u>		23d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u>	
24. FUNERAL DIRECTOR <u>ELLIOTT-GENTRY, CABOOL</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>11. 13-57</u>		26. REGISTRAR'S SIGNATURE <u>Thomas L. Durdon</u>	

(Licensed Embalmer's Statement on Reverse Side)

NOV 14 1957

NOV 26 1957

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 *James L. Gentry*.....  
Licensed Embalmer No. *471*

P. O. Address *Calool, Va*

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.