

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029889

STATE FILE NUMBER

Health,
& Welfare
Public
Service

FILED SEP 10 1958 Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolle		c. CITY OR TOWN Belle	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Phelps County Memorial		d. STREET ADDRESS (If outside, give location)	
Length of stay in 1b 4 days		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Isola May Abel		4. DATE OF DEATH Month Day Year Aug 30-1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 14-1880
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deaf Mute		10b. KIND OF BUSINESS OR INDUSTRY house work	11. BIRTH PLACE (City and state of country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William T. Abel	
14. MOTHER'S MAIDEN NAME Nancy Watson		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Address Mrs. Amelie Abel-Belle-Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterio-sclerosis far advanced 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) 4500			INTERVAL BETWEEN ONSET AND DEATH 1 year
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 Month, Day, Year a. m. p. m.		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 6/10/58 to Aug 30, 58 and last saw her alive on 29 Aug Death occurred at 3:00 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James M. Myers M.D.		22b. ADDRESS 1 Rolle Mo	22c. DATE SIGNED 9/2/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 31-1958	23c. NAME OF CEMETERY OR CREMATORY Liberty	23d. LOCATION (City, town, or county) (State) Belle Missouri.
24. FUNERAL DIRECTOR ADDRESS Chas. Deussen - Belle-Mo		25. DATE RECD. BY LOCAL REG. Sept. 2, 1958	26. REGISTRAR'S SIGNATURE Nadine L. Stoll

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300
1-56
0812
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

RECEIVED

Phelps County Health Officer,

County File Number 1141

Date Filed Sept. 8, 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 Orta S. Sasmann

Licensed Embalmer No. 411

P. O. Address Blvd. M

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