

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042912  
STATE FILE NUMBER

FILED DEC 8 1958 Registration District No. 319 Primary Registration District No. 4468 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <b>ST. GENEVIEVE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. GENEVIEVE</b>	
b. CITY OR TOWN <b>ST MARY'S</b>		c. CITY OR TOWN <b>ST MARY'S</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>GEN. DEL.</b>		d. STREET ADDRESS (If outside, give location) <b>GEN. DEL</b>	
Length of stay in lb <b>4 MO.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>WILLIAM FLOYD</b> Middle <b>ABELL</b> Last <b>ABELL</b>			4. DATE OF DEATH Month <b>NOV</b> Day <b>26</b> Year <b>1958</b>		
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MAR 14 1898</b>	9. AGE (In years last birthday) <b>60</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>KASKASKIA ISLAND ILL USA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>BEN ABELL</b>	13b. MOTHER'S MAIDEN NAME <b>GERTRUDE ROCKWELL</b>	14. NAME OF HUSBAND OR WIFE <b>PEARL CASSOTT</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>498-12-3354</b>	17. INFORMANT Address <b>Paul Abell St. Mary's Mo</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>arterio sclerosis cerebral</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) <b>332X</b>		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 **24 NOV - 58** to **26 NOV** and last saw <sup>her</sup>him alive on **26 NOV - 58**  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Joseph F Lutzworth M.D.</b>	22b. ADDRESS <b>ST Marys Mo</b>	22c. DATE SIGNED <b>11/28/58</b>
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23a. BURIAL, CREMATION, REINTERMENT <b>Burial</b>	23b. DATE <b>11/29/58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>KASKASKIA</b>	23d. LOCATION (City, town, or county) (State) <b>KASKASKIA ISLAND ILL</b>
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24. FUNERAL DIRECTOR <b>Lee C. Barber St. Genevieve Mo</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>11-30-58</b>	26. REGISTRAR'S SIGNATURE <b>Paul Barber</b>
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(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

DEC 11 1958

DEC 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 *Adrian J. Ehler* .....

Licensed Embalmer No. *4740* .....

P. O. Address *St. Ignace* .....

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.