

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002013  
STATE FILE NUMBER

80  
5. 300  
1-57

FILED FEB 9 1959 Registration District No. 184 Primary Registration District No. 5690 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <i>Linn</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Linn</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Yellow Creek Twp</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Catherine</i> <sup>0580</sup>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Yellow Creek Twp</i>		Length of stay in 1b <i>15 years</i>	d. STREET ADDRESS (If outside, give location) <i>R.F.D. #1</i>
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last <i>Herman Richard Abell</i>			4. DATE OF DEATH Month Day Year <i>January, 30, 1959</i>		
--	--	--	---	--	--

5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 9, 1892</i>		9. AGE (in years last birthday) <i>66</i>	IF UNDER 1 YEAR Months <i>4</i> Days <i>21</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
--------------------	-------------------------------	--	---------------------------------------	--	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>	11. BIRTHPLACE (City and state or country) <i>Eversondale, Missouri</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
---	--	---	--

13a. FATHER'S NAME <i>John W. Abell</i>	13b. MOTHER'S MAIDEN NAME <i>Anna Singleton</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
---	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>489-36-1992</i>	17. INFORMANT Address <i>Robert Abell, Purdin, Missouri</i>
---	--	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 Hour</i>
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) <i>4201</i>		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 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 <i>Dec 3, 1958</i> to <i>Jan 20 - 1959</i> and last saw her alive on <i>Jan - 29 - 1959</i> Death occurred at <i>Linn</i> <i>Mo</i> on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>W. H. Patton Do. 2</i>	22b. ADDRESS <i>Brewsfield Mo.</i>	22c. DATE SIGNED <i>1-31-59</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 1, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mount Olive Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Linn County, Missouri</i>
---	-------------------------------	--	--

24. FUNERAL DIRECTOR ADDRESS <i>Hill Funeral Home Brewsfield, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>2-2-59</i>	26. REGISTRAR'S SIGNATURE <i>Katharine Johnson sep.</i>
---	--	---

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

MAR 20 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 *Gerald T. Ward*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.