

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-028000

STATE FILE NUMBER

Registration District No. 257 Primary Registration District No. 8881 Registrar's No. 35

DO NOT WRITE ON THIS STUB

AMENDED

FILED AUG 6 1962

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>OSAGE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>OSAGE</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Belle</u> | | c. CITY OR TOWN <u>Belle</u> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At home of daughter</u> | | d. STREET ADDRESS (If outside, give location) | |

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|--|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print) First <u>Amelia</u> Middle <u>M.</u> Last <u>Abel</u> | | | 4. DATE OF DEATH Month <u>Aug</u> Day <u>1</u> Year <u>1962</u> | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</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>5-19-1881</u> | 9. AGE (last birthday) <u>81</u> | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retail Dry Goods</u> | | 11. BIRTHPLACE (City and state or country) <u>OSAGE COUNTY</u> | |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>C. E. Neyers</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Siech</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Ny Abel (Deceased)</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>none</u> | |
| 17. INFORMANT <u>Mrs. Marie Nilton - Belle, Mo</u> | | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: | | INTERVAL BETWEEN ONSET AND DEATH | |

| | | | | | |
|---|--|---|--|---|--|
| IMMEDIATE CAUSE (a) <u>Carcinoma of uterus</u> | | DUE TO (b) <u>Metastasis to Liver</u> | | DUE TO (c) <u>Cerebral Hemorrhage</u> | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. | | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |

| | | | | | |
|---|---|--|--|--------|-------|
| 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 Jan 22, 1962 - 8/1/62 and last saw ^{her} _{him} alive on 7/31/62
Death occurred at 2:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

| | | | | | |
|---|--|--|--|---|--|
| 22a. SIGNATURE (Degree or title) <u>R. H. Schoenwald</u> | | 22b. ADDRESS <u>Belle, Mo</u> | | 22c. DATE SIGNED <u>8/3/62</u> | |
| 23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Buried</u> | | 23b. DATE <u>Aug 4-1962</u> | | 23c. NAME OF CEMETERY OR CREMATORY <u>J. Bertie Cemetery</u> | |
| 23d. LOCATION (City, town, or county) <u>Belle - MO</u> | | 24. FUNERAL DIRECTOR'S ADDRESS <u>Spising & Sons, Funeral Service, Belle - MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>8-4-62</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Mrs. Clyde Norton</u> | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
10760
20760
3
4 1
5 2
6
7 0
8 2
9 174X
10
11
12 90-2
13 2-0

AUG 9 1962

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

Chert Lassman

Licensed Embalmer No.

4178

P. O. Address

Blend-Mo

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.