

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30561

STATE FILE NUMBER

Health,  
Welfare  
Public  
Service

300  
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 SEP 27 1956 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3802

1. PLACE OF DEATH a. COUNTY Jackson 3008		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay 5108	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City 0 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City North Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen'l Hosp. #1 Length of stay in 1b 8 yrs.		d. STREET ADDRESS (If outside, give location) 5108 N. Beacon Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Denton Edgar Abrell			4. DATE OF DEATH Month Day Year 9 4 1956
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH November 21, 1913
9. AGE (In years last birthday) 42		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer		10b. KIND OF BUSINESS OR INDUSTRY Roofing	11. BIRTHPLACE (City and state or country) Ray County, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Oscar Abrell	
14. MOTHER'S MAIDEN NAME Rose Ella Bruce		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. Unknown		17. INFORMANT Address 5108 N. Beacon Mrs. Agatha Nelson Abrell, K.C. North, 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) Fatty metamorphosis of liver investigation 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) _____			INTERVAL BETWEEN ONSET AND DEATH 5810
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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: Sept. 2, 1956 to Sept. 4, 1956 and last saw <del>him</del> him alive on Sept. 4, 1956 Death occurred at 6:18 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B.I. Burns (Degree or title) D		22b. ADDRESS 24th & Cherry	22c. DATE SIGNED 9-4-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 6, 1956	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery	23d. LOCATION (City, town, or county) Richmond, Mo. (State)
24. FUNERAL DIRECTOR ADDRESS Thurman Funeral Home, Richmond, Mo.		25. DATE RECD. BY LOCAL REG. 9-5-56	26. REGISTRAR'S SIGNATURE New Marshall

(Licensed Embalmer's Statement on Reverse Side)

SEP 27 1956

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, ~~xxxx~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Zvonimir L. Thurman*.....

Licensed Embalmer No. 4563..

P. O. Address Richmond, 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.