

FILED AUG 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 3000 Registrar's No. 871

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1512 Jules</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Percy</u> b. (Middle) <u>G.</u> c. (Last) <u>Mable</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 9, 1949</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>June 4, 1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR Days <u>2</u> IF UNDER 2 HRS. Hours <u>5</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>		10b. KIND OF BUSINESS, OR INDUSTRY <u>St. Joe Gazette</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Island, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Daniel Mable</u>		13b. MOTHER'S MAIDEN NAME <u>Sophia Park</u>		14. NAME OF HUSBAND OR WIFE <u>Jessie Lee Mable</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Jessie Lee Mable 1512 Jules</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Amphotrophic Scleral Sclerosis</u> DUE TO (c) <u>✓</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>40 1/2 days</u>
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>✓</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>✓</u>	

22. I hereby certify that I attended the deceased from Aug 7 1949 to Aug 9, 1949 that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Colles Rowley M.D.</u>		23b. ADDRESS <u>St. Joseph, Mo. 1512 Jules</u>		23c. DATE SIGNED <u>Aug 11 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/11/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>Aug. 15, 1949</u>		REGISTRAR'S SIGNATURE <u>B. B. Jenkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert Bowman 219 S. 10th St. St. Joseph, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*W. P. J. Rainey*

AUG 2 3 19

**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 .....  
Student Embalmer

Signed *William Spalding*

Licensed Embalmer No. *4533*

P. O. Address *3195 10th St. Memphis, Tenn.*

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 this body is not embalmed, fact should be so stated above.