

FILED NOV 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34242**

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 4366 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>GRANBY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 0730</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GRANBY Community Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>BURWICK TWP.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAY</u> b. (Middle) <u>EMALINE</u> c. (Last) <u>KANABLE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 29, 1950</u>
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 4, 1886</u>
9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR (Month) (Day) <u>5 4</u>	IF UNDER 12 HRS. (Hour) (Min.)	11. BIRTHPLACE (State or foreign country) <u>Cullison KANSAS</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>CLARK STEPHENS</u>		13b. MOTHER'S MAIDEN NAME <u>ORANDA Bobbitt</u>	14. NAME OF HUSBAND OR WIFE <u>IVAN L. KANABLE</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>J. L. Kanable</u> ADDRESS <u>Stark City, Mo. #41</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>loss of blood</u> DUE TO (c) <u>scalp wound</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>073</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (In or about home, farm, factory, street, office, highway, etc.) <u>Public highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Newton Newton Missouri</u>	
21d. TIME OF INJURY <u>10-28-50 4 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>auto accident</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Orley Thompson</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>Neosho Missouri</u>	23c. DATE SIGNED <u>10/30/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>	24b. DATE <u>11-1-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Clean Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Newton County Missouri</u>
DATE REC'D BY LOCAL REG. <u>Nov. 1, 1950</u>	REGISTRAR'S SIGNATURE <u>M. L. Young</u>	225	25. FUNERAL DIRECTOR'S SIGNATURE <u>Orley Thompson</u> ADDRESS <u>Neosho Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

730
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RECEIVED

District Health Officer No. Newnan County Health Dept.
District File Number 1150-243
Date Filed 11/4/50

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 _____

Carey Thompson Jr.
working under my personal supervision.

Student Embalmer No. 384

Student Carey Thompson Jr.
Student Embalmer

Signed Carey Thompson Sr.

Licensed Embalmer No. 3257

P. O. Address Newnan 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 this body is not embalmed, fact should be so stated above.