

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **20947**
Registrar's No. **2116**

Filed July 3, 1951

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 2052		Registrar's No. 2116	
I. PLACE OF DEATH a. COUNTY Pettis				2. USUAL RESIDENCE (Where deceased lived; if institution; residence before admission) a. STATE Missouri b. COUNTY Pettis			
b. CITY (If outside corporate limits, write RURAL and give township) Sedalia		c. LENGTH OF STAY (in this place) 2 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Sedalia		0804	
d. FULL NAME OF HOSPITAL OR INSTITUTION 527 East Howard				d. STREET ADDRESS (If rural, give location) 527 East Howard			
3. NAME OF DECEASED (Type or Print) THOMAS		a. (First)		b. (Middle)		c. (Last) KABLER	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Jan. 27, 1880	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture		9. AGE (In years last birthday) 71		11. BIRTHPLACE (State or foreign country) Pettis County, Missouri	
13a. FATHER'S NAME Daniel Kabler				13b. MOTHER'S MAIDEN NAME Laura Landon		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME W.E. Kabler, bro. 412 E. Saline			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephrosclerosis, Chronic ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 42 2 2				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from as before , 10 , that I last saw the deceased alive on 10 , and that death occurred at 6:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE Chas Gordon Humphreys				23b. ADDRESS Corner, Pettis Co.		23c. DATE SIGNED 6-26-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/27/51		24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Rural Pettis County, Mo.	
DATE REC'D BY LOCAL REG. 6/27/51		REGISTRAR'S SIGNATURE A. J. Campbell, M.D.		25. FEDERAL DIRECTOR'S SIGNATURE Norane Ewing ADDRESS Sedalia, Mo.			

(Licensed Embalmers' Statement on Reverse Side)

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

804

RECEIVED 7-2-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-2-51 _____

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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed *Russell Ewing*

Licensed Embalmer No. *3847*

P. O. Address *Secalia 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.