

No. 304 JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17320

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 236 PRIMARY REG. DIST. NO. 5818 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>Morgan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural MOREAN</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural MOREAN 0910</u>	
c. LENGTH OF STAY (in this place) <u>5 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>One mile south of Fortuna</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>One Mi. So. of FORTUNA</u>			
3. NAME OF DECEASED a. (First) <u>John</u> b. (Middle) <u>Mason</u> c. (Last) <u>Cable</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1952</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 11, 1879</u>
9. AGE (In years last birthday) <u>74</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Morgan County Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Dave Cable</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotta LaFever</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Cable</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Cable</u> ADDRESS <u>Fortuna Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u>		
	ANTECEDENT CAUSES Morbid 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>177X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1950 to May 31, 1952, that I last saw the deceased alive on May 30, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Jack Gunn M.D.</u> (Degree or title)	23b. ADDRESS <u>Versailles, Mo.</u>	23c. DATE SIGNED <u>6-2-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 2, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stover Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Stover Missouri</u>
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DATE REC'D BY LOCAL REG. <u>June 2-1952</u>	REGISTRAR'S SIGNATURE <u>J. L. Washburn, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. H. Steverson</u>
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Per Order: Caldwell, Secretary (Physician's Sealment on Reverse Side)

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

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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 *James R. Scudder*

Licensed Embalmer No. *4880*

P. O. Address *Vincennes, IN*

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.