S. No. 300
v. 10.48

(LE) MAR 2 = 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4851

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 255

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1007 Lincoln St. Littler Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Halls 0110 1
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Franklin
c. (Last): Cabiness

4. DATE OF DEATH (Month) (Day) (Year): February 23, 1953

5. SEX: male 0
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 25, 1881
9. AGE (In years last birthday): 71 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and State or Foreign Country): Buchanan County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Williamm C. Cabiness
13b. MOTHER'S MAIDEN NAME: Ella Minteer
14. NAME OF HUSBAND OR WIFE: Lula E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: 488-14-4242
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. Nelson Cabiness, Halls, Missouri

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) Angina Pectoris — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary occlusion — 2. mos.
DUE TO (c) 2 months

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: 4201
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) m.
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* 2-20-, 1953, *to* 2-23-, 1953, *that I last saw the deceased alive on* 2-23-, 1953, *and that death occurred at* 9:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B B Simmons M D.
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 2/24/53

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/25/1953
24c. NAME OF CEMETERY OR CREMATORY: Bethel Cemetery
24d. LOCATION (City, town, or county) (State): Buchanan County, Missouri

DATE REC'D BY LOCAL REG.: Feb 26, 1953
REGISTRAR'S SIGNATURE: Carl C. Castillo 446
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Heaton-Bowman Funeral Home St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 W E Edmonstone

Licensed Embalmer No. 4791

P. O. Address 319 So 10 St Joseph, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of Buch. }

State File No. 4851

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 255

On this 30th day of March, 1953, before me appears Mr. Nelson R. Cabiness, who, upon his oath, states that the original record of ~~birth~~ death for Edward F. Cabiness ~~died~~ Feb 23, 1953, in the State of Missouri, and which was filed at St. Joseph on Feb 26, 1953 should be corrected as follows:

Item No. ..... should read .....
Instead of .....

Item No. 3 b should read Edward Franklin Cabiness
Instead of Edward F. Cabiness

Item No. ..... should read .....
Instead of .....

Item No. 13a should read William Charles Cabiness
Instead of (Unknown)

Item No. ..... should read .....
Instead of .....

Item No. 13 b should read Ella Minteer
Instead of Ella (Unk.)

Item No. ..... should read .....
Instead of .....

Item No. 16 should read 488-14-4242
Instead of (Unknown)

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Nelson R. Cabiness Son.
Relationship.

R.R. #1, Halls, Mo.
Present Address.

Subscribed and sworn to before me this 30th day of March, 1953.

My Commission expires My Commission Expires Nov. 3, 1956

Inez P. Bahwat Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

V. S. 135
M—8-43
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