V.S. No. 300
Rev. 10.48

FILED NOV 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38098

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 4538 Registrar's No. 15

1110
1

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

1. PLACE OF DEATH
a. COUNTY: Wayne
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Piedmont
d. STREET ADDRESS (If rural, give location): Beckville 1110 0

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): (X)
c. (Last): Gable

4. DATE OF DEATH (Month) (Day) (Year): July 28 53

5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 27-1889
9. AGE (In years last birthday): 64 | IF UNDER 1 YEAR Months 4 Days 1 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Painter
10b. KIND OF BUSINESS OR INDUSTRY: –
11. BIRTHPLACE (City and State or Foreign Country): St Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Gable
13b. MOTHER'S MAIDEN NAME: Don't Know
14. NAME OF HUSBAND OR WIFE: Ida Shelton Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ida Gable
ADDRESS: Piedmont Mo

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): Paralysis
INTERVAL BETWEEN ONSET AND DEATH: Syrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — D. K
DUE TO (c): Arteriosclerosis — D. K

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: 447 X
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* 1-1 *1953, to* 7-26 *1953, that I last saw the deceased alive on* 7-20 *1953, and that death occurred at* LST *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. E. Tavery M.D.
23b. ADDRESS:
23c. DATE SIGNED: 7/30/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/30/53
24c. NAME OF CEMETERY OR CREMATORY: Masonic
24d. LOCATION (City, town, or county) (State): Piedmont Mo

DATE REC'D BY LOCAL REG.: Nov. 3, 1953
REGISTRAR'S SIGNATURE: Hazel Ward 460
25. FUNERAL DIRECTOR'S SIGNATURE: William Coder
ADDRESS: Piedmont Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
NOV 9 1953
WAYNE CO. HEALTH CENTER
FILE No. 1153-45

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 Coder Funeral Home Student Embalmer No. ..... working under my personal supervision.

Student ..... Student Embalmer

Signed: William Coder

Licensed Embalmer No. 3723

P. O. Address Belmont, 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.