

FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **38124**

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>396</u>
1. PLACE OF DEATH a. COUNTY <u>ADAIR</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LINN</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>48 h.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Jefferson)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Kirksville Osteopathic Hospital</u>		d. STREET ADDRESS (If rural, give location) _____ <u>04-80</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>		b. (Middle)	c. (Last) <u>Gable</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>11-30-53</u>
5. SEX <u>Male</u>	6. COLOR OR RACE? <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>12-17-82</u>	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u> IF UNDER 24 HRS. Hours <u>13</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James E. Gable</u>		13b. MOTHER'S MARRIED NAME <u>Elizabeth Bennett</u>	14. NAME OF HUSBAND OR WIFE <u>Essie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Essie Gable, Saleda, Mo.</u> ADDRESS _____	
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) <u>Toxemia</u> ANTECEDENT CAUSES DUE TO (b) <u>Obstruction of bowel</u> DUE TO (c) <u>Carcinoma of Sigmoid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 h.</u> <u>24 h.</u> <u>153 X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Mass in Recto-Sigmoid Area - Intubowel Sigmoidal obstruction</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 <u>11-28-53</u> , 19 <u>53</u> , to <u>11-30-53</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>11-30-53</u> , 19 <u>53</u> , and that death occurred at <u>7:20 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>N. G. Palmer, D.O.</u>		23b. ADDRESS <u>KIRKSVILLE Mo</u>		23c. DATE SIGNED <u>11-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>11-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Saleda Missouri</u>	
DATE REC'D BY LOCAL REG. <u>12-2-53</u>	REGISTRAR'S SIGNATURE <u>Kate Lambert</u>	25. FUNERAL DIRECTOR'S SIGNATURE & ADDRESS <u>Brother's Funeral Home Saleda Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

DEC -

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.

Signed W R Wright

Signed
Student Embalmer

Licensed Embalmer No. 4655

P. O. Address Florida Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.