

FILED JUN 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15289

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5289 Registrar's No. 43

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Platte</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u>               |  | b. COUNTY <u>Platte</u>   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Galveston</u> )  |  | c. LENGTH OF STAY (in this place) <u>7 yrs</u>   |  | c. CITY OR TOWN <u>Rural Galveston</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R 5 N. Kansas City</u>  |  | e. STREET ADDRESS (If rural, give location) <u>R 5 N. Kansas City</u>  |  | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>BENJAMIN</u>   |  | b. (Middle) <u>F.</u>  |  | c. (Last) <u>KANABLE</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>Nov. 8 - 1885</u>  |  | 9. AGE (In years last birthday) <u>68</u>  |  | IF UNDER 1 YEAR Months <u>6</u> Days <u>23</u>  |  |
| 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>farm</u>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown - Nebraska</u>  |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>   |  | 13a. FATHER'S NAME <u>Daniel Kanable</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>Christina Kimpburg</u>   |  |
| 14. NAME OF HUSBAND OR WIFE <u>Bulah Kanable</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>no</u>   |  |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Bulah Kanable</u>   |  | ADDRESS <u>R 5 N. Kansas City</u>  |  | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Acute ventricular dilatation with systoles</u>          |  |
| MEDICAL CERTIFICATION  |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute ventricular dilatation with systoles</u>                         |  | INTERVAL BETWEEN ONSET AND DEATH <u>20 min.</u>   |  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.   |  | ANTECEDENT CAUSES DUE TO (b) <u>3rd degree heart block</u>   |  | <u>4 mos.</u>   |  |
| DUE TO (c) <u>Myocardial fibrosis &amp; arteriosclerosis</u>   |  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  | <u>3-4 years.</u>   |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION   |  | 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)  |  | 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>Feb. 2</u> , 19 <u>54</u> , to <u>March 26</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>March 26</u> , 19 <u>54</u> , and that death occurred at <u>4:30 P.m.</u> , from the causes and on the date stated above. |  |  |  |   |  |
| 23a. SIGNATURE <u>C. M. Smith</u>  |  | (Degree or title) <u>D.O.</u>  |  | 23b. ADDRESS <u>10 W. Kansas St., Liberty, Mo.</u>  |  |
| 23c. DATE SIGNED <u>6/2/54</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>6-3-54</u>   |  |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Farmer</u>   |  | 24d. LOCATION (City, town, or county) <u>Liberty</u>   |  | (State) <u>Mo.</u>  |  |
| DATE REC'D BY LOCAL REG. <u>6-3-54</u>   |  | REGISTRAR'S SIGNATURE <u>Marguerite Judgen</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Church Archer</u> ADDRESS <u>Liberty Mo.</u>  |  |

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

(Licensed Embalmer's Statement on Reverse Side)

**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.....  
Signature of Student Embalmer

Signed..... *Harold G. Smith*

Licensed Embalmer No. *457*

P. O. Address..... *Liberty*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.