

THE DIVISION OF HEALTH OF MISSOURI
FILED NOV 14 1955 STANDARD CERTIFICATE OF DEATH

32949

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 3022 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gentry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>	c. LENGTH OF STAY (In this place) <u>2</u> Hr.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Athens Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noel Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2350</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Keith</u>	b. (Middle) <u>Pool</u>	c. (Last) <u>Gabriel</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 7 1955</u>
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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. 18 1924</u>	9. AGE (In years last birthday) <u>31</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>19</u>	11. UNDER 48 HRS. Hours <u>19</u> Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming & Rock Quarry</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Worth County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>David Gabriel</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Danner</u>	14. NAME OF HUSBAND OR WIFE <u>Bettie Smith</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes W.W.2</u>	16. SOCIAL SECURITY NO. <u>497-14-5531</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Keith Gabriel Albany, Mo.</u>	ADDRESS <u>Albany, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain concussion & hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1/2 hr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>trauma to neck & head & chest</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Laceration of scalp & face</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Rock Quarry</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Miller T. Gentry Co. Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>Nov. 7 1955 ? m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to 11/7/55, 19____, that I last saw the deceased alive on 11/7, 1955, and that death occurred at 2:10 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. P. Sutherland</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Bethany, Mo.</u>	23c. DATE SIGNED <u>11-7-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-10-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Albany, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-9-55</u>	REGISTRAR'S SIGNATURE <u>Zola Burrows</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Brooks</u>	ADDRESS <u>Albany, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

MISSOURI

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 AM

Student Embalmer No.

working under my personal supervision.

Signed Clifford Briscoe

Signed
Student Embalmer

Licensed Embalmer No. 3329

P. O. Address Albany, 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.