No. 300
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5801

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 137

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

1. PLACE OF DEATH
a. COUNTY: Pettis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sedalia
c. LENGTH OF STAY (in this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bothwell Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Benton
c. CITY OR TOWN: Warsaw
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): —

0080 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOEL
b. (Middle): HOLDEN
c. (Last): CABLE

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Dec 21, 1884
9. AGE (In years last birthday): 71 — If under 1 year: Months 2, Days 12 — If under 24 hrs.: Hours, Min.

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

13a. FATHER'S NAME: John William Cable
13b. MOTHER'S MAIDEN NAME: Sarah Ann Minner
14. NAME OF HUSBAND OR WIFE: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Marcus Cable — ADDRESS: 1700 25th St. Sioux City, Iowa

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolism	24 hrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Relative circulatory stasis of bedrest following surgery	5 days
DUE TO (c)	Prostatic hypertrophy, benign.	1 year
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, generalized Azotemia	10 yrs. ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Benign hypertrophy, prostate. 610X
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* November, 1955, *to* March, 1956, *that I last saw the deceased alive on* Mar 3, 1956, *and that death occurred at* 3:04A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. L. Rhodes (Degree or title): M.D.
23b. ADDRESS: Warsaw, Mo.
23c. DATE SIGNED: 3/3/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 5, 1956
24c. NAME OF CEMETERY OR CREMATORY: Dayton Cemetery
24d. LOCATION (City, town, or county) (State): Dayton Cass Co, Mo

DATE REC'D BY LOCAL REG.: 3-5-56
REGISTRAR'S SIGNATURE: Lavina County Deputy 251-1
25. FUNERAL DIRECTOR'S SIGNATURE: John F. Reser — **ADDRESS**: Warsaw

(Licensed Embalmer's Statement on Reverse Side)

MAY 13 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John F. Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail 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.