

No. 300
10. 48

FILED FEB 11 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **543**

0160

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

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 5189		Registrar's No. 123	
1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Stoddard			
3. CITY OR TOWN WELCH, MO.		4. LENGTH OF STAY (in this place) _____		5. CITY OR TOWN Brownwood		6. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
7. FULL NAME OF HOSPITAL OR INSTITUTION Accident				8. STREET ADDRESS (If rural, give location) Pike Township			
9. NAME OF DECEASED (Type or Print) SAMUEL FREDERICK CABY		10. a. (First) SAMUEL b. (Middle) FREDERICK c. (Last) CABY		11. DATE OF DEATH (Month) (Day) (Year) JAN. 30, 1957			
12. SEX Male		13. COLOR OR RACE White		14. 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		15. 8. DATE OF BIRTH Dec. 29, 1886	
16. 9. AGE (In years last birthday) 70		17. IF UNDER 1 YEAR Days 1		18. IF UNDER 24 HRS. Hours 3			
19. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		20. 10b. KIND OF BUSINESS OR INDUSTRY Farming		21. 11. BIRTHPLACE (City and State, or Foreign Country) Bollinger Co. Mo.		22. 12. CITIZEN OF WHAT COUNTRY? U.S.A.	
23. 13a. FATHER'S NAME Frederick Cabby		24. 13b. MOTHER'S MAIDEN NAME Elyse Barrett		25. 14. NAME OF HUSBAND OR WIFE Elyse Cabby			
26. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		27. 16. SOCIAL SECURITY NO. None		28. 17. INFORMANT'S SIGNATURE OR NAME Alfredia Angle - Cape Girardeau, Mo. ADDRESS _____			
29. 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Fracture of the left frontal bone of the skull, crushed chest & fracture of the cervical region of the neck.		30. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ II. OTHER SIGNIFICANT CONDITIONS _____ *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.				31. INTERVAL BETWEEN ONSET AND DEATH _____	
32. 19a. DATE OF OPERATION _____		33. 19b. MAJOR FINDINGS OF OPERATION _____				34. 20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
35. 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		36. 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Highway 25		37. 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) WELCH, Cape Gir. Mo.			
38. 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) Jan. 30 1957 5:30 p.m.		39. 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		40. 21f. HOW DID INJURY OCCUR? Two timber side swiped			
41. 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
42. 23a. SIGNATURE (Degree or title) J. G. Sigmund, Coroner				43. 23b. ADDRESS Jackson, Mo.		44. 23c. DATE SIGNED 1/31/57	
45. 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		46. 24b. DATE 2-2-57		47. 24c. NAME OF CEMETERY OR CREMATORY Mt. Zion Cemetery		48. 24d. LOCATION (City, town, or county) (State) Bollinger Co. Mo.	
49. DATE REC'D BY LOCAL REG. 2-4-57		50. REGISTRAR'S SIGNATURE C. C. Summers		51. 25. FUNERAL DIRECTOR'S SIGNATURE Wm. H. Morgan, Advance, Mo. ADDRESS _____			

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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.....
Licensed Embalmer No. 4690

P. O. Address Adwone,

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.