

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **845**

FILED JAN 28 1957

BIRTH NO. _____ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Washington		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union	
c. LENGTH OF STAY (in this place) 54da		d. STREET ADDRESS (If rural, give location) State Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) G c. (Last) Gable	4. DATE OF DEATH (Month) (Day) (Year) Jan 21, 1957
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr 1, 1869	9. AGE (in years last birthday) 87	IF UNDER 1 YEAR Months 9 Days 20	IF UNDER 12 MRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter	10b. KIND OF BUSINESS OR INDUSTRY Builder	11. BIRTHPLACE (City and State or Foreign Country) New York, New York	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Casper Gable	13b. MOTHER'S MAIDEN NAME Hedwig Wuffhanan	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Edna Stuckel	ADDRESS Union, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 3 YES <input type="checkbox"/> NO <input type="checkbox"/>
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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) 4221 Union, Mo.
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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?
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22. I hereby certify that I attended the deceased from **10-7, 1956**, to **Jan 21, 1957**, that I last saw the deceased alive on **Jan 21, 1957**, and that death occurred at **9 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B.M. Stuhlman M.D.	23b. ADDRESS Union, Mo.	23c. DATE SIGNED 1-22-57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-24-57	24c. NAME OF CEMETERY OR CREMATORY Zion Cemetery	24d. LOCATION (City, town, or county) (State) Union, Missouri
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DATE REC'D BY LOCAL REG. 1/23/57	REGISTRAR'S SIGNATURE B.M. Stuhlman	25. FUNERAL DIRECTOR'S SIGNATURE Union Funeral Home	ADDRESS Union, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

99-0

JAN 30 1957

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
Student Embalmer

Signed

Harlan J. Chamberlain

Licensed Embalmer No. 4488

P. O. Address Union, 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.

1957