

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

47260
STATE FILE NUMBER

Registration District No. 189 Primary Registration District No. 1002 Registrar's No. 6196

S. 300
v. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 404 No. Gladstone Length of stay in lb. Life		d. STREET ADDRESS (If outside, give location) 404 No. Gladstone Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELMER Middle HENRY Last GABLE			4. DATE OF DEATH Month 12 Day 27 Year 1957
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 11 1895
9. AGE (In years last birthday) 62		IF UNDER 1 YEAR Months 62 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Months 0 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Butchering	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A		13. FATHER'S NAME Henry Gable	
14. MOTHER'S MAIDEN NAME Mattie McNulty		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 495 10 5613		17. INFORMANT Mrs. Nivea C. Gable 404 No. Gladstone	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) arterial hypertension DUE TO (c) sudden PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 4201			INTERVAL BETWEEN ONSET AND DEATH 12/27-57 11 AM 8/21/55
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY Hour 8-21-55 Month 12 Day 26 Year 57 a. m. 12-26-57 p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 8-21-55	
20f. CITY, TOWN, OR LOCATION 12-26-57		20g. COUNTY 12-26-57	
20h. STATE 12-26-57		21. I attended the deceased from 8-21-55 to 12-26-57 and last saw her alive on 12-26-57 Death occurred at 404 Gladstone on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE A. Saladino		22b. ADDRESS 11 A. St. Dept. 6157-1127	
22c. DATE SIGNED 12-28-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 12-30-1957		23c. NAME OF CEMETERY OR CREMATORY Floral Hills	
23d. LOCATION (City, town, or county) Kansas City Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Floral Hills Mem. Chapels Inc K. C. Mo		25. DATE RECD. BY LOCAL REG. 12-29-57	
26. REGISTRAR'S SIGNATURE Anna Marshall		27. DATE SIGNED 12-28-57	

A. Saladino

V-2

Ken Hood
1-1-02-86
W. 67-1-8706
300 P.M.
Baltimore

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 *W. J. Nofsinger*
Licensed Embalmer No. 579

P. O. Address *W. C. 9*

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.