

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38-025153

STATE FILE NUMBER

Health,  
& Welfare  
S. Public  
Service  
96  
S. 300  
v. 1-57

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 715

FILED JUL 21 1958

1. PLACE OF DEATH a. COUNTY <u>Dane</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dane</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Walnut Grove</u> 0390 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u> Length of stay in 1b <u>1 day</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Ettie Florence Lauble</u>			4. DATE OF DEATH Month Day Year <u>July 13-1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 8-1872</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Walnut Grove - Mo</u>
13a. FATHER'S NAME <u>John Killingsworth</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Warner</u>	14. NAME OF HUSBAND OR WIFE <u>Charles A. Cauble</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-18-1010</u>	17. INFORMANT Address <u>Lucie Cauble - Walnut Grove - Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio respiratory Failure</u> DUE TO (b) <u>Thyrototoxicosis</u> DUE TO (c) <u>2520</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Anemia, Arteriosclerosis, aleukemic Leucemia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>10 yrs.</u>
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT <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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at <u>July 12, 1958 2:30 P.M.</u> <u>July 13, 1958</u> and last saw her alive on <u>July 13, 1958</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) <u>E. C. R. Doubledt Jr. M.D.</u>		22b. ADDRESS <u>406 Prof. Bldg. Springfield, Mo</u>	
22c. DATE SIGNED <u>7/13/58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>7-15-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Breenlawn Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Walnut Grove - Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>Brun - Daniel - Walnut Grove - Mo</u>		25. DATE REG. BY LOCAL REG. <u>7-16-58</u>	26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Joseph L. Samuel* .....

Licensed Embalmer No. *4702* .....

P. O. Address *224 Grove 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.