

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-043274

STATE FILE NUMBER

FILED DEC 22 1958 Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 1339

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph 0117	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Parkview Nursing Home 1212 Dewey		d. STREET ADDRESS (If outside, give location) 3212 Lafayette St.	
Length of stay in lb 55 years		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Ella Cable			4. DATE OF DEATH Month Day Year December 13, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 15, 1883	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY St home	11. BIRTHPLACE (City and state or country) Taurick, Lithuania	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Max Davidson	13b. MOTHER'S MAIDEN NAME Rachel (Unknown)	14. NAME OF HUSBAND OR WIFE Arch Cable
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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 Mrs. Ben Magoon	Address St. Joseph, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of Kidney Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinoma of cervix DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 6 mo
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 171X		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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20e. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from 11 March 1958, to 8 Dec 1958 and last saw her alive on 8 Dec 1958 Death occurred at 8:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) J. L. Mothershead M.D.	22b. ADDRESS 2613 Fredrick	22c. DATE SIGNED 12-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Dec. 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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24. FUNERAL DIRECTOR Meerhoffer - & Redman, Inc. St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Dec. 17, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell
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All diseases in Part I must be causally related. If any other diseases were observed concomitantly with the above, they should be stated. If any other symptoms were observed concomitantly with the above, they should be stated.

Dr. John L. Mothershead  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
1-57

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 ..... *Albert P. Harrison*

Licensed Embalmer No. *3350*

P. O. Address ..... *H. J. ...*

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.