

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010333

STATE FILE NUMBER

FILED MAR 26 1959

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 36

300

-57

1. PLACE OF DEATH a. COUNTY Pemiscot			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Pemiscot		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hayti		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shirey's Clinic		Length of stay in 1b 7 Hr.	d. STREET ADDRESS (If outside, give location) So. 3 rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Martha Middle Cable Last Cable			4. DATE OF DEATH Month 3 Day 15 Year 59		
5. SEX Female	6. COLOR OR RACE Black	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3 - 14 - 59		9. AGE (In years last birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) X 5		10b. KIND OF BUSINESS OR INDUSTRY X		11. BIRTHPLACE (City and state or country) Hayti, Missouri 0	
12. CITIZEN OF WHAT COUNTRY? U. S.		13a. FATHER'S NAME Walter Lee Cable		13b. MOTHER'S MAIDEN NAME Bunnie Jean Gray	
14. NAME OF HUSBAND OR WIFE X		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X X		16. SOCIAL SECURITY NO. X	
17. INFORMANT Bunnie Jean Cable, Rt. 1 Hayti, Mo.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Spontaneous Buby, 2 lbs. Front of Cervical Tumor. DUE TO (b) no DUE TO (c) no PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 776 X		INTERVAL BETWEEN ONSET AND DEATH 6 hrs.	
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 <input type="checkbox"/> Month, Day, Year <input type="checkbox"/>		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.)	
20f. CITY, TOWN, OR LOCATION		20g. COUNTY		20h. STATE	
21. I attended the deceased from Death occurred at 2-20-59 3-14-59 to 2-22-59 3-15-59 and last saw her alive on 3-15-59		22a. SIGNATURE (Degree or title) Asst. M.D.		22b. ADDRESS Hayti, Mo.	
22c. DATE SIGNED 3-16-59		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-16-59	
23c. NAME OF CEMETERY OR CREMATORY Homes Town Cemetery		23d. LOCATION (City, town, or county) Wardell, Missouri		23e. STATE Missouri	
24. FUNERAL DIRECTOR Osburn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 3-16-59		26. REGISTRAR'S SIGNATURE Valeria DePham	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

MISSOURI COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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.

(THIS BODY WAS NOT EMBALMED)

Student
Signature of Student Embalmer

Signed James A. DeBour.....

Licensed Embalmer No. 4185

P. O. Address Hay 5, W

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.