URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039952

STATE FILE NUMBER

FILED VS DEC 7 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5592

ENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo
b. COUNTY Clinton
c. CITY OR TOWN Lathrop,
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) R. R.
Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First EMERY Middle EDGAR Last CABBELL

4. DATE OF DEATH: Month Nov. Day 18 Year 1959

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-7-1865

9. AGE (last birthday): 94

IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (City and state or country): Adair Co. Ky.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Wm. A. Cabbell

13b. MOTHER'S MAIDEN NAME: Ann E. Montgomery

14. NAME OF HUSBAND OR WIFE: Helen S. Cabbell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Edgar Cabbell Address: Lathrop, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Bronchopneumonia	4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Aspiration – Cerebro-vascular accident	4 days
DUE TO (c)	Cerebral arteriosclerosis	3 years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 October 1957 to November 18, 1959 and last saw her/him alive on November 18, 1959

Death occurred at 12:20 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE G. Comer Bates, M.D. (Degree or title)

22b. ADDRESS 2730 South Mall Anthony Center, Kansas City 19, Mo.

22c. DATE SIGNED 11/20/59

BY AFFIDAVIT OF G. Comer Bates

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 11-18-59

23c. NAME OF CEMETERY OR CREMATORY: —

23d. LOCATION (City, town, or county) (State): Carrollton, Mo.

24. FUNERAL DIRECTOR: Stine & McClure ADDRESS: K. C. Mo.

25. DATE RECD. BY LOCAL REG.: 11-20-59

26. REGISTRAR'S SIGNATURE: Irene Marshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 4633

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.