...URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959

59-040565
STATE FILE NUMBER

...MENDED

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 274

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Sni a Bar Twp — Length of stay in Ib: 15 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 2 Miles North R # 1 — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Jackson
c. CITY OR TOWN: Grain Valley — Inside Limits: Yes ☐ No ☒ X
d. STREET ADDRESS (If outside, give location): 2 Mi North R#1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Austin Middle: Dowd Last: Gabriel

4. DATE OF DEATH: Month: Dec Day: 4 Year: 1959

5. SEX: Male

6. COLOR OR RACE: Wh

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH: 9-27 1880

9. AGE (last birthday): 79

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): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (City and state or country): North Carolina

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Joseph Gabriel

13b. MOTHER'S MAIDEN NAME: Anna Sherril

14. NAME OF HUSBAND OR WIFE: Amanda, Dece ased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Gerald Gabriel Address: Grain Valley Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 15 mos
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterioeclerosis. — 10 yrs.
DUE TO (c):
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 Sept.1959, to Dec.4,59 and last saw her/him alive on Oct.15,59
Death occurred at 10. A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] MD

22b. ADDRESS: Oak Grove, Mo.

22c. DATE SIGNED: 12-5-59

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

23b. DATE: Dec 6 1959

23c. NAME OF CEMETERY OR CREMATORY: Oak GroveCem

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

24. FUNERAL DIRECTOR ADDRESS: Webb Funeral Home Oak Grove Mo

25. DATE REC'D. BY LOCAL REG.: 12/6/59

26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF 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

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed R B Weh

Licensed Embalmer No. 235

P. O. Address Bluespr

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