

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041109

FILED VS NOV 16 1959

251

Registration District No. _____ Primary Registration District No. 3048

Registrar's No. 206

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence Before admission) a. STATE Missouri b. COUNTY Nodaway									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 10 days		c. CITY OR TOWN Clearmont		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5 miles east		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First RALEIGH Middle W. Last CABLE				4. DATE OF DEATH Month 11 Day 8 Year 59									
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/29/86		9. AGE (last birthday) 73		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 & Stockman Retired				10b. KIND OF BUSINESS OR INDUSTRY Own account		11. BIRTHPLACE (City and state or country) St. Joe, Texas		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Samuel Cable				13b. MOTHER'S MAIDEN NAME Frances Maria Bass				14. NAME OF HUSBAND OR WIFE Sophie Forcade Cable					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War I				16. SOCIAL SECURITY NO. 487-42-9371		17. INFORMANT Address Mrs. Sophie Cable, Clearmont, 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) Acute myocardial infarction DUE TO (b) Generalized arteriosclerosis DUE TO (c) Diabetes Mellitus PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Uremia										INTERVAL BETWEEN ONSET AND DEATH 11 days 5 years 5 years			
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 _____ a.m. _____ p.m. Month, Day, Year _____													
20d. INJURY 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		COUNTY		STATE					
21. I attended the deceased from 1956 to 11/8/59 and last saw him alive on 11-6-59 Death occurred at 9:15 P. M. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) M. D.						22b. ADDRESS Maryville, Missouri			22c. DATE SIGNED 11-9-59				
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 11/10/59		23c. NAME OF CEMETERY OR CREMATORY Clearmont		23d. LOCATION (City, town, or county) (State) Clearmont, Missouri							
24. FUNERAL DIRECTOR ADDRESS Price Funeral Home, Maryville, Mo.				25. DATE RECD. BY LOCAL REG. 11-9-59		26. REGISTRAR'S SIGNATURE Bess Holt							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6961 6 T AON SA

MAN 4 1960

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 Chas M. Price

Licensed Embalmer No. 1822

P. O. Address Marysville, 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.