RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

=60=029725
STATE FILE NUMBER

LED VS AUG 22 1960 042 1000 867
Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ED

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph — Length of stay in 1b: most of life
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Mo. Methodist Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 1512 Jule St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JESSIE Middle LEE Last MABIE
4. DATE OF DEATH: Month August Day 13 Year 1960

5. SEX: female
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8/30/1886
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (City and state or country): Forest City, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: James L. Wilson
13b. MOTHER'S MAIDEN NAME: Hattie Sutton
14. NAME OF HUSBAND OR WIFE: Percy G. Mabie

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.: 491-09-2490D
17. INFORMANT: Mrs. Thelma Walker, Address: 1512 Jule, St. Joseph, 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): Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: 3 mo
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
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 May 25 1960 to Aug 13 60 and last saw her/him alive on Aug 13 1960
Death occurred at 4:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. L. Mothershead (Degree or title) MD
22b. ADDRESS: 2603 Frederick Avenue St. Joseph, Missouri
22c. DATE SIGNED: 8-17-60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 8/16/1960
23c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
23d. LOCATION (City, town, or county) (State): St. Joseph Missouri

24. FUNERAL DIRECTOR: Keston Bowman ADDRESS: St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Aug. 18, 1960
26. REGISTRAR'S SIGNATURE: Mrs. Clark Hardell

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF J.L. Mothershead MD (CERTIFICATION) 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_____ Signed William Spaulding

Signature of Student Embalmer

Licensed Embalmer No. 4535

P. O. Address St Joseph, Mo

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