

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

51-036273

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 198

AMENDED

FILED NOV 13 1961

1. PLACE OF DEATH
 a. COUNTY Clay
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN North Kansas City Length of stay in 1b 2 days
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North K.C. Memorial Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)
 a. STATE Kansas b. COUNTY Pottawatomie
 c. CITY OR TOWN Belvue Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Roger William Gable Nov. 3, 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3-17-1928 9. AGE (last birthday) 33 IF UNDER 1 YEAR IF UNDER 24 HR
 Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver 10b. KIND OF BUSINESS OR INDUSTRY J.A. Tobin Const. Co. 11. BIRTHPLACE (City and state or country) Wamego, Kansas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Dr. Gale R. Gable 13b. MOTHER'S MAIDEN NAME Caroline Dawe 14. NAME OF HUSBAND OR WIFE Barbara Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Korean 16. SOCIAL SECURITY NO. 17. INFORMANT Caroline Gable Address Route 3 Wamego, Kansas

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cerebral contusion and hemorrhage INTERVAL BETWEEN ONSET AND DEATH 18 hrs
 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.) Car accident - patient found

20c. TIME OF INJURY Hour 7:00 am. 11-2-61 Month, Day, Year 2-11-61 at scene of accident
 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.) street 20f. CITY, TOWN, OR LOCATION "near Parkville, Missouri" COUNTY STATE

21. I attended the deceased from 1/22-61 to Nov 3-61 and last saw him alive on Nov 3-61. Death occurred at 12:30 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Roger C Lewis M.D. 22b. ADDRESS 933 Professional Building Kansas City Mo 22c. DATE SIGNED Nov 8 3

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-6-61 23c. NAME OF CEMETERY OR CREMATORY Wamego City Cemetery 23d. LOCATION (City, town, or county) Wamego, Kansas (State)

24. FUNERAL DIRECTOR Harry Butler Fun. Home ADDRESS 2100 E. Russell Rd. Kansas City 16, Mo. 25. DATE RECD. BY LOCAL REG. 11-5-61 26. REGISTRAR'S SIGNATURE Marguerite Hudgens

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 14 1961

NOV 17 1961

DEC 4 1961

MAR 20 1962

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 Harry Butler

Licensed Embalmer No. 2845

P. O. Address 2100 Russell Rd N

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.