

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-005453

STATE FILE NUMBER

AMENDED

Registration District No. 27 Primary Registration District No. 4036 Registrar's No. 40  
**FILED FEB 26 1962**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rich Hill</u>		Length of stay in 1b <u>8 Months</u>	c. CITY OR TOWN <u>Rich Hill</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>11th. &amp; Pine St</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>11th. &amp; Pine St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>BROOXIE OLIVE McCABE</u>			4. DATE OF DEATH Month Day Year <u>February 14 1962</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/13/89</u>
9. AGE (last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>1</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and state or country) <u>Mountain Grove, Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Albert Peebles</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Sullivan</u>		14. NAME OF HUSBAND OR WIFE <u>Alex McCabe</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT Address <u>Alex McCabe-Rich Hill, Missouri</u>		18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Obvianly Coronary</u> DUE TO (b) <u>Myocardial</u> DUE TO (c) <u></u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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 Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <u>9:30 AM 2/15 1962</u> to <u>2:14 PM 1962</u> and last saw her alive on <u>2/14 1962</u> . Death occurred at <u>9:30 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>[Signature]</u>		22b. ADDRESS <u>Rich Hill, Mo</u>	
22c. DATE SIGNED <u>2/16 1962</u>		23a. BIRTH, CREMATION, REMOVAL (Specify) <u>burial</u>	
23b. DATE <u>2/16/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Rich Hill, Missouri</u>		24. FUNERAL DIRECTOR ADDRESS <u>Booth Funeral Service-Rich Hill, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>2-17-62</u>		26. REGISTRAR'S SIGNATURE <u>Norman Jean Wilson</u>	

**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

*John G. Underwood*

Licensed Embalmer No.

3585

P. O. Address

Butler Mo

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.