

FILED FEB 18 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3835

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Sullivan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Browning 1050	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Community Nursing Home INSTITUTION		d. STREET ADDRESS (If rural, give location) 1	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Alice	b. (Middle) May	c. (Last) Fishback	(Month) 2	(Day) 6	(Year) 52

5. SEX fe /	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 18, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months 7	IF UNDER 1 YEAR Days 18	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY home	11. BIRTHPLACE (State or foreign country) Penn.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Gable	13b. MOTHER'S MAIDEN NAME Mary (Unknown)	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. ✓	17. INFORMANT'S SIGNATURE OR NAME Blanch Johnson	ADDRESS Browning, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 hrs 6 Mo years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congestive heart failure DUE TO (c) Arteriosclerosis generalized		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION 4500	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from August 24, 1850, to February 6, 1952, that I last saw the deceased alive on Feb. 6, 1952, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23a. SIGNATURE W. T. Lutensohn D.O.	23b. ADDRESS Kirkville, Mo	23c. DATE SIGNED 2-6-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) L	24b. DATE 2-7-52	24c. NAME OF CEMETERY OR CREMATORY Dry Ridge Cem	24d. LOCATION (City, town, or county) (State) Browning Rural Mo.
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DATE REC'D BY LOCAL REG. 2-7-52	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE Wade	ADDRESS Wade Funeral Home Browning, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.

Signed Herold F. Wake

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4172

P. O. Address Browning

**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 this body is not embalmed, fact should be so stated above.