

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

12251

State File No. _____

Registrar's No. **731**

BIRTH NO. _____		REG. DIST. NO. 53		PRIMARY REG. DIST. NO. 3010		State File No. _____		Registrar's No. 731					
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution).									
a. COUNTY Cape Girardeau				a. STATE Missouri		b. COUNTY Cape Girardeau							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau			c. LENGTH OF STAY (In this place) 6 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cape Girardeau			0164				
d. FULL NAME OF HOSPITAL OR INSTITUTION 453 S. Louisiana				d. STREET ADDRESS (If rural, give location) 453 S. Louisiana									
3. NAME OF DECEASED				4. DATE OF DEATH									
a. (First) Sarah		b. (Middle) Francis		c. (Last) Grable		(Month) (Day) (Year)		April 25, 1952					
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed		8. DATE OF BIRTH May 20, 1877		9. AGE (In years last birthday) 74		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. 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		11. BIRTHPLACE (State or foreign country) near Sedgewickville, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Elisha Cook				13b. MOTHER'S MAIDEN NAME Martha S. Hannus				14. NAME OF HUSBAND OR WIFE Alexander Grable					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jesse Lee Grable Cape Gir., Mo.							
18. CAUSE OF DEATH				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crowning Aneurysm									
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES									
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
				DUE TO (b) Myocardial									
				DUE TO (c)									
				II. OTHER SIGNIFICANT CONDITIONS									
				Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)							
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?							
22. I hereby certify that I attended the deceased from 5/10 , 19 51 , to 4/25 , 19 52 , that I last saw the deceased alive on 2/25 , 19 52 , and that death occurred at 8:20P m., from the causes and on the date stated above.													
23a. SIGNATURE J. L. Grable (Degree or title) MD				23b. ADDRESS Cape Girardeau Mo				23c. DATE SIGNED 5/1/52					
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 27, 1952		24c. NAME OF CEMETERY OR CREMATORY Cook Cemetery		24d. LOCATION (City, town, or county) (State) Scopus, Missouri							
DATE REC'D BY LOCAL REG. 5-1-52		REGISTRAR'S SIGNATURE C. C. Summers		25. FUNERAL DIRECTOR'S SIGNATURE Howard L. Haman		ADDRESS Cape Gir., Mo.							

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10. 48

MAY 5 - 1952

Dr. J. H. ...

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Howard L. Haman*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4132*

P. O. Address..... *Leage, Garden, Md*

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.