

D.O.B. W. 0072

# STANDARD CERTIFICATE OF DEATH

34772  
State File No. 173

FILED NOV 15 1954

REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 3049 Registrar's No. 173

1. PLACE OF DEATH a. COUNTY <u>Demasot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Demasot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hayti</u>	c. LENGTH OF STAY (in this place) <u>2 mos.</u>	c. CITY OR TOWN <u>Caruthersville</u>	d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>West 12th st 0783</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) <u>WILLIAM</u>	b. (Middle) <u>EARNEST</u>	c. (Last) <u>CABLE</u>	Month <u>Oct</u>	Day <u>22</u>	Year <u>1954</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Oct-15-1890</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Burgadoes, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Cable</u>	13b. MOTHER'S MAIDEN NAME <u>Elys Adams</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If not in war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. Jim Silba Burgadoes</u>		ADDRESS

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		INTERVIEWED WHEN ONSET OF DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertensive C.V. disease 10 yrs</u>	DUE TO (b)	1 day
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous "stroke"</u>	DUE TO (c)		

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>None</u>	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) <u>Hayti Demasot Mo.</u>
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 <u>4+3x</u>

22. I hereby certify that I attended the deceased from 10-21, 1954 to 10-22, 1954, that I last saw the deceased alive on 10-22, 1954, and that death occurred at 3:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Caruthersville Mo.</u>	23c. DATE SIGNED <u>10-25-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-24-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Prairie</u>	24d. LOCATION (City, town, or county) (State) <u>Caruthersville Mo.</u>

DATE REC'D BY LOCAL REG. <u>11-3-54</u>	REGISTRAR'S SIGNATURE <u>John W. Herman</u>	406-a	25. FUNERAL DIRECTOR'S SIGNATURE <u>LaFoye and Co. Caruthersville</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

761

11-263-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

NOV 12 1954

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 *Charles E. Mung*.....

Licensed Embalmer No. *48*.....

P. O. Address *Caruthersville*.....

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