

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 21 1955

State File No. **3946**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **180**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 40 yrs		STREET ADDRESS (If rural, give location) 2922 North 10th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2922 North 10th Street		STREET ADDRESS 2922 North 10th Street	

3. NAME OF DECEASED (Type or Print)	a. (First) WILLIAM	b. (Middle) CHARLES	c. (Last) CABINESS	4. DATE OF DEATH (Month) (Day) (Year) Feb. 9 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 23, 1890	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Operator	10b. KIND OF BUSINESS OR INDUSTRY Motor Coach Tspn.	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County Missouri	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME William Caswell Cabiness	13b. MOTHER'S MAIDEN NAME Ella Mintere	14. NAME OF HUSBAND OR WIFE Mrs. Hazel Cabiness
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 491-09-7688	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hazel Cabiness ADDRESS St. Joseph, 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 3 days unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myo. Cardial Infarction		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. General arteriosclerosis DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Man died suddenly at his home, without a history of recent serious illness or injury			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 ^{viewed} the deceased ^{born} **2/9, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:30A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Mundy Coroner, M.D.	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 2/15/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 11, 1955	24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Feb 17, 1955	REGISTRAR'S SIGNATURE Katherine M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Stoney Funeral Home ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 8 1945

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. Bennett*

Licensed Embalmer No. *462*

P. O. Address *St. Joseph*

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.