

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8216

FILED APR 4 1955

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1136

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>40 YEARS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6300 WALNUT STREET</u>		STREET ADDRESS (If rural, give location) <u>6300 WALNUT STREET</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ELLEN</u>	b. (Middle)	c. (Last) <u>GABLE</u>	(Month) (Day) (Year) <u>MARCH 13, 1955</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED-NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>	8. DATE OF BIRTH <u>AUG 30, 1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Special Inst. Mtg.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MILLARD, NEBRASKA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>E. B. SHUEY</u>	13b. MOTHER'S MAIDEN NAME <u>ALICE HALLENBECK</u>	14. NAME OF HUSBAND OR WIFE <u>Wm FRANKLIN GABLE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>495-09-3691</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR HOWARD SHUEY GABLE</u>	ADDRESS <u>6300 WALNUT STREET</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>17+ mos</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <u>Cancer of the colon</u>		<u>17+ mos</u>
	DUE TO (c) <u>None</u>		<u>153 X</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a) DATE OF OPERATION <u>11/13/53</u>	19b) MAJOR FINDINGS OF OPERATION <u>Cancer of sigmoid &amp; metastasis</u>	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)
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?

② I hereby certify that I attended the deceased from 2/16, 1955, to 3/13, 1955, that I last saw the deceased alive on 3/12, 1955, and that death occurred at 12:03A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Erlich A. Quer</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1103 Grand Ave Kansas City, Mo</u>	23c. DATE SIGNED <u>3/14/1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>	24b. DATE <u>MAR. 14. 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>3-14-55</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u>	ADDRESS <u>1331 BRUSH CREEK BL</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Erlich A. Quer

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.....  
*Follie Kessel*

Licensed Embalmer No. *4690*

P. O. Address *K. C. M.*

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.