

No. 300  
10-48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20930**

FILED JUL 20 1955

BIRTH NO. _____		REG. DIST. NO. <b>1</b>		PRIMARY REG. DIST. NO. <b>3000</b>		Registrar's No. <b>93</b>					
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Adair</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirkville</b>			c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		c. CITY OR TOWN <b>Kirkville</b>		d. Is 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 <b>411-E-Filmore</b>				e. STREET ADDRESS (If rural, give location) <b>411-E-Filmore</b>							
3. NAME OF DECEASED (Type or Print) <b>MAGGIE EDNA CABLE</b>			a. (First)		b. (Middle)		c. (Last)				
4. DATE OF DEATH <b>July 4 1955</b>				Month		Day		Year			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Divorced</b>		8. DATE OF BIRTH <b>August 23, 1891</b>		9. AGE (in years last birthday) <b>63</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Corona, New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					
13a. FATHER'S NAME <b>Jacob Henry Hammond</b>			13b. MOTHER'S MAIDEN NAME <b>Maggie Stewart</b>			14. NAME OF HUSBAND OR WIFE <b>Guy W. Cable (Divorced)</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret McClannhan, Bloomfield</b>					ADDRESS <b>1042</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>		
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio-sclerotic heart disease, 1 year.</b>					50 years		
				DUE TO (c) <b>Rheumatic Fever.</b>							
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid Arthritis</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4200</b>						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) (Min.)		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 <b>June 10, 1955</b> , to <b>July 4, 1955</b> , that I last saw the deceased alive on <b>July 4, 1955</b> , and that death occurred at <b>2:55 p.m.</b> , from the causes and on the date stated above.											
23a. SIGNATURE (Name or title) <b>Howard E. Gross, M.D.</b>				23b. ADDRESS <b>2 Kirkville, Mo.</b>				23c. DATE SIGNED <b>7-5-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-6-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>		24d. LOCATION (City, town, or county) (State) <b>Kirkville Mo</b>					
DATE REC'D BY LOCAL REG. <b>7-14-55</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>			25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert B. Davis</b> ADDRESS <b>Kirkville, Mo</b>						

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 2 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Robert B. Davis*.....

Licensed Embalmer No. *42*

P. O. Address *Kirkville*

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.