FILED APR 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13963

State File No.

BIRTH NO. REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 32

1. PLACE OF DEATH
a. COUNTY: McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Noel
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): None —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: McDonald
c. CITY OR TOWN: Noel
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Mt. Shira (Rt. 1)

3. NAME OF DECEASED (Type or Print): a. (First) Anna. b. (Middle) C. c. (Last) Gable

4. DATE OF DEATH (Month) (Day) (Year): 3-22-56

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12/31/1889
9. AGE (In years last birthday): 65 — If under 1 year: Months 2, Days 9; 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: None
11. BIRTHPLACE (City and State or Foreign Country): Kansas City Mo.
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: John Schultz
13b. MOTHER'S MAIDEN NAME: Anna McNamara
14. NAME OF HUSBAND OR WIFE: Frank Gable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Frank Gable, Noel Mo.

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Pathological Fx of left femur

DUE TO (c) CA of vulva with metastases

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 176x
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 19 55, *to* March, 19 56 *that I last saw the deceased alive on* March 22, 19 56, *and that death occurred at* 10:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: J. J. Royce (Degree or title): MD
23b. ADDRESS: Noel, Mo.
23c. DATE SIGNED: 3/28/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/56
24c. NAME OF CEMETERY OR CREMATORY: Noel Cemetery
24d. LOCATION (City, town, or county) (State): Noel, Mo.

DATE REC'D BY LOCAL REG.: 4-17-56
REGISTRAR'S SIGNATURE: Mayne Humphrey
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: W. M. Humphrey Jr. Noel Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

10.300
0.48
23-0

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 R. M. Humphrey Jr.

Licensed Embalmer No. 470

P. O. Address Noel, T

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