

FILED JUL 8 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19902

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 242

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>LINN</u>	
b. CITY OR TOWN <u>KIRKSVILLE</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>St. Catherine</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.O.H.</u>		f. STREET ADDRESS <u>0580 Rural Route - North</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hattie</u>	b. (Middle)	c. (Last) <u>Cable</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 4, 1957</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 16, 1870</u>
9. AGE (In years last birthday) <u>87</u>		if UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	if UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>New Boston, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Joseph Cable</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Hammond</u>	14. NAME OF HUSBAND OR WIFE <u>Mill Cable</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mill Cable, St. Catherine, Mo.</u>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Failure</u>	(b) <u>Cerebral vasculature accident - embolus</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Advanced arteriosclerotic vascular disease</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured pelvis</u>		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			<u>332XF</u>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Catherine Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Found at bottom of stairs in bathroom</u>

22. I hereby certify that I attended the deceased from July 1, 1957 to July 4, 1957, that I last saw the deceased alive on July 4, 1957, and that death occurred at 9:53 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul P. Edgson D.O.</u>	23b. ADDRESS <u>Kirkville, Mo.</u>	23c. DATE SIGNED <u>7-4-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 6, 1957</u>	24c. NAME OF CEMETERY OR CREMATORY <u>New Boston Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>New Boston, Missouri</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C. C. Carson Ducklin Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-4-1957</u>	REGISTRAR'S SIGNATURE <u>Doris W. Ratliff</u>	

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

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..... *E. A. Larson*

Licensed Embalmer No. *40*

P. O. Address *Buckley*

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.