

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010453
STATE FILE NUMBER

FILED APR 4 1958

Registration District No. 160 Primary Registration District No. 5592 Registrar's No. 49

300
-57
00
0

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a. STATE MISSOURI b. COUNTY BOLLINGER <u>0090</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN MARBLE HILL Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. MEMORIAL		Length of stay in 1b	d. STREET ADDRESS RR (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) JOSEPH E. JR. GABLE			4. DATE OF DEATH Month 3 Day 15 Year 58
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-15-1937
9. AGE (In years last birthday) 20		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINIST HELPER	11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME JOSEPH GABLE, SR.	
13b. MOTHER'S MAIDEN NAME KATHARINE ALLISON		14. NAME OF HUSBAND OR WIFE ----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT MRS. JOSEPH GABLE		Address MARBLE HILL, MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Cervical Spine			INTERVAL BETWEEN ONSET AND DEATH 2 hr.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Auto Accident	
20c. TIME OF INJURY Hour 1:30 a.m. 3/15/58		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway		20f. CITY, TOWN, OR LOCATION Crystal City COUNTY JEFF STATE MO.	
21. I attended the deceased from 7:30 to 8 and last saw her/him alive on 3-15-58 Death occurred at 7:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE James A. Politte (Degree or title) 3		22b. ADDRESS Crystal City, MO.	
22c. DATE SIGNED 3/18/58			
23a. BURIAL, CREMATION, ETC. BURIAL (Specify)	23b. DATE 3-18-58	23c. NAME OF CEMETERY OR CREMATORY Bollinger Co. Mem.	23d. LOCATION (City, town, or county) Lutesville (State)
24. FUNERAL DIRECTOR GENTRY R. POLITTE		ADDRESS CRYSTAL CITY, MO.	25. DATE RECD. BY LOCAL REG. 3-19-58
		26. REGISTRAR'S SIGNATURE James A. Politte	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED

MAR 25 1958

APR 8

1958

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 *Arthur R. Talbot*

Licensed Embalmer No. 3481
P. O. Address

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.