

U.S. DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-037853

FILED VS. OCT 17 1960

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 146

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY MORGAN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BOONVILLE		Length of stay in 1b 1 MO	c. CITY OR TOWN VERSAILLES
c. FULL NAME OF (IF NOT IN hospital, give location) HOSPITAL OR INSTITUTION BOONVILLE REST HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ROBERT Middle LEWIS Last GABRIEL			4. DATE OF DEATH Month OCT. Day 7 Year 1960		
5. SEX MALE	6. COLOR OR RACE CAW N	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-25-1980	9. AGE (last birthday) 80	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY FARMER	11. BIRTHPLACE (City and state or country) MORGAN CO., MO.	12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Gabriel		13b. MOTHER'S MAIDEN NAME Ann Wenzel		14. NAME OF HUSBAND OR WIFE LONA BLANKENSHIP	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.	17. INFORMANT ROBERT DOWELL VERSAILLES, MO. Address		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Generalized Arteriosclerosis**

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 (a) **Esch's Vetal cancer**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Sept 1, 1960** to **Oct 7-60** and last saw her/him alive on **October 6, 1960**
Death occurred at **10:10 P** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **Will - G. - Gabriel** (Degree or title)

22b. ADDRESS **329 Main, Boonville, Mo**

22c. DATE SIGNED **10/9/60** (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL**

23b. DATE **9 Oct-60**

23c. NAME OF CEMETERY OR CREMATORY **HOPEWELL CEM.**

23d. LOCATION (City, town, or county) **MORGAN CO., MO.**

24. FUNERAL DIRECTOR **WIDWELL FUNERAL HOME** ADDRESS **VERSAILLES MO.**

25. DATE RECD. BY LOCAL REG. **10/9/60**

26. REGISTRAR'S SIGNATURE **D. Hooper**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Raymond C. Forbes

Licensed Embalmer No. 4626

P. O. Address Newalls, Md

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.