MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

65-043111
STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 499

FILED NOV 1 6 1965

DO NOT WRITE ON THIS STUB | AMENDED

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Rev. 4/59

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DATE AMENDED | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Cape Girardeau — Length of stay in 1b: 3 wks
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Osteopathic - Hosp. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo — b. COUNTY: Bollinger
c. CITY OR TOWN: Marble Hill — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Rt 1 — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Joseph Middle: Edward Last: Gable

4. DATE OF DEATH Month: Nov Day: 6 Year: 1965

5. SEX: M
6. COLOR OR RACE: W
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Dec 5, 1897
9. AGE (last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Factory - Pipe
11. BIRTHPLACE (City and state or country): Evansville Ind.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: August Gable
13b. MOTHER'S MAIDEN NAME: Nola
14. NAME OF HUSBAND OR WIFE: Kathryn Allison

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

17. INFORMANT Address: Kathryn Gable, Marble Hill, Mo

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchial Pneumonia — 24 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Thrombosis — 7 days.
DUE TO (c): Cardiac Bundle Branch Block, with embolic phenomena

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Chronic Bronchitis and Pulmonary Emphysema.

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 ☐ — No
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 Oct. 17 to Nov. 6 and last saw him alive on Nov. 6, 6:00 pm.
Death occurred at 10:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. M. Stevenson D.O.
22b. ADDRESS: Hirsch Bldg. Cape.
22c. DATE SIGNED: 11-10-65

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 9, 1965
23c. NAME OF CEMETERY OR CREMATORY: Bollinger Co. Mem
23d. LOCATION (City, town, or county) (State): Lutesville, Mo

24. FUNERAL DIRECTOR ADDRESS: Vance Ward, Lutesville, Mo
25. DATE RECD. BY LOCAL REG.: 11-12-65
26. REGISTRAR'S SIGNATURE: Irene Kasten

(Licensed Embalmer's Statement on Reverse Side)

NOV 17 1965

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 Kenneth Riley

Licensed Embalmer No. 5086

P. O. Address Sweeny, Mo

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.