

FEDERAL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-001188

FILED VS JAN 11 1960

Registration District No. 128 Primary Registration District No. 7 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Walnut Grove		Length of stay in 1b Lifetime	c. CITY OR TOWN Walnut Grove Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Kenneth Middle Harlin Last Gables			4. DATE OF DEATH Jan 2, 1960 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Jan 21, 1919	9. AGE (last birthday) 40	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prof. Baseball Player & City Marshall		10b. KIND OF BUSINESS OR INDUSTRY Walnut Grove, Mo. USA	11. BIRTHPLACE (City and state or country) Walnut Grove, Mo. USA		
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME J. T. Gables		13b. MOTHER'S MAIDEN NAME Dollie Dodd	
14. NAME OF HUSBAND OR WIFE Esther Gables		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II			
16. SOCIAL SECURITY NO. 573-09-8755		17. INFORMANT Address Esther Gables Walnut Grove			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) RESPIRATORY FAILURE		INTERVAL BETWEEN ONSET AND DEATH 8 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) PULMONARY EDEMA		8 weeks
DUE TO (c) CONGESTIVE HEART		12 weeks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). HYPERTENSION		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY. Hour 12:00 a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 **Dec 1, 1953** to **1-2-1960** and last saw him ^{her} live on **JAN 2^d 1960**
Death occurred at **4:00 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **W. R. Darr D.O.** (Degree or title) 22b. ADDRESS **Walnut Grove Mo** 22c. DATE SIGNED **1/4/60**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **1/5/60** 23c. NAME OF CEMETERY OR CREMATORY **Rose Hill Cemetery** 23d. LOCATION (City, town, or county) **Walnut Grove, Mo.**

24. FUNERAL DIRECTOR **Brown - Daniel - Walnut Grove Mo** ADDRESS **Jan 6, 1960** 25. DATE RECD. BY LOCAL REG. **Jan 6, 1960** 26. REGISTRAR'S SIGNATURE **Effie S. Melton**

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JAN 14 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 4203

P. O. Address _____

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