

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

11980

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 105-704

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

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1516 East 3rd Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Mary A. Gimple 514

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Geo. G. Gimple 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 4, 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>5</u>	<u>10</u>	hr. _____ min.

9. Birthplace _____ Iowa _____
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

MOTHER { 12. Name Washington Jordan _____

FATHER { 13. Birthplace Van Buren County Iowa _____
(City, town, or county) (State or foreign country)

14. Maiden name Martha Nell _____

15. Birthplace Van Buren County Iowa _____
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Gimple

(b) Address Sedalia, Missouri

17. (a) Burial (b) Date thereof March 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home

(b) Address Sedalia, Missouri

19. (a) 3-15-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 1516 East 3rd St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1940 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from March 6
1940, to March 13, 1940
that I last saw her alive on March 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Prosecho pneumonia

Due to Septic influenza

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

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While at work? _____ (Specify type of place)
(2) Means of injury _____

23. Signature Alfred E. Howard (M. D. or other) _____
Address 1104 Sedalia MO Date signed 3-15-40

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-11-40

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Geo. Dillard

Licensed Embalmer No. 3868

P. O. Address Sedalia, Missouri.

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 this body is not embalmed, above space should be left blank.