

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4144

State File No. ....

No. 300

10.48

BIRTH NO. _____		REG. DIST. NO. <u>43</u>	PRIMARY REG. DIST. NO. <u>3007</u>	Registrar's No. <u>63</u>
1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Mo</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>9th + Park Ave</u>		d. STREET ADDRESS (If rural, give location) <u>9th + Park Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roland</u> b. (Middle) <u>Hickson</u> c. (Last) <u>Gambelin, Sr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 13, 1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 15, 1873</u>	9. AGE (In years) (Months) (Days) (Hours) (Min.) <u>75 10 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Gambourg, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Joshua Holland</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Unknown widowed</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-10 0823A</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Verner Gambelin - Poplar Bluff, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary atherosclerosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Poplar Bluff, Butler, Mo</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>13 Feb, 1949</u> , to <u>13 Feb, 1949</u> , that I last saw the deceased alive on <u>13 Feb, 1949</u> , and that death occurred at <u>7:15 P. M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Amelia K. ...</u> (Degree or title) _____		23b. ADDRESS <u>Poplar Bluff, Mo</u>		23c. DATE SIGNED <u>16 Feb 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>2-15-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn</u>	24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/17/49</u>	REGISTRAR'S SIGNATURE <u>Frank Betnell</u>	FEDERAL DIRECTOR'S SIGNATURE ADDRESS <u>Frank Betnell - Poplar Bluff, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Office No.

District File Number B-49-2

Date Filed B-21-4

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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 .....  
Student Embalmer

Signed Chover W Green

Licensed Embalmer No. 2969

P. O. Address 201st St

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, fact should be so stated above.