

THE DIVISION OF HEALTH OF MISSOURI
 FILED MAY 27 1949 STANDARD CERTIFICATE OF DEATH

State File No. **15865**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2024</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City MO</u>		c. LENGTH OF RESIDENCE (If outside corporate limits, write RURAL and give township) <u>4/30/49</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		7/9/49			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menard Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2000 Metropolitan Ave</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>		b. (Middle) <u>S.</u>		c. (Last) <u>Gambler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 49</u>			
5. SEX <u>M</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 28-1875</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 Hrs. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Van Meter, Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Charles Gambler</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Hobough</u>		14. NAME OF HUSBAND OR WIFE <u>Kalla May</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>--</u>		16. SOCIAL SECURITY NO. <u>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy A. Reddell</u> ADDRESS <u>3215 No. 78</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION K. C. K.				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				DUE TO (b) <u>Secondary to Carcinoma of Stomach & Pancreas</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause: (a) stating the underlying cause last.				DUE TO (c) <u>151X</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION <u>5/4/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Stomach Primary</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____		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>5-2, 1949</u> to <u>5-7, 1949</u> , that I last saw the deceased alive on <u>5-7, 1949</u> and that death occurred at <u>11:28 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>O. Jack Printz</u> (Degree or title) _____				23b. ADDRESS <u>1025 P. of Body</u>		23c. DATE SIGNED <u>5/8/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>5-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olive Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Pittsburg KS</u>				
DATE REC'D BY LOCAL REG. <u>5-9-49</u>		REGISTRAR'S SIGNATURE <u>M. L. Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Simmons Funeral Home</u>		ADDRESS <u>K.C.M.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

203150

203150

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 H. W. Simmons

Licensed Embalmer No. 3903

P. O. Address 1001

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.