

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20330

State File No. ....

Registrar's No. 11

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 230 PRIMARY REG. DIST. NO. 5810

1. PLACE OF DEATH

a. COUNTY Montgomery Co.

b. CITY OR TOWN Bluffton, Mo. Loutre T.P. 89

c. LENGTH OF STAY (in this place) 89

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Missouri. b. COUNTY Montgomery.

c. CITY OR TOWN Bluffton, Mo. Rural

d. STREET ADDRESS \_\_\_\_\_

3. NAME OF DECEASED

a. (First) Alida b. (Middle) \_\_\_\_\_ c. (Last) Gammon,

4. DATE OF DEATH June 26th 1949

5. SEX Female / 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 8. DATE OF BIRTH Feb 17th 1860 9. AGE (In years last birthday) 89

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) Bluffton, Mo. Rural 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John Struttman, 13b. MOTHER'S MAIDEN NAME Marie A. Becker, 14. NAME OF HUSBAND OR WIFE Charles P. Gammon,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 16. SOCIAL SECURITY NO. \_\_\_\_\_ 17. INFORMANT'S SIGNATURE OR NAME W.B. Gammon ADDRESS Fulton Mo.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral apoplexy

INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis 10 yrs.

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4500

19a. DATE OF OPERATION \_\_\_\_\_ 19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_ 20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from April 23 19 47, to June 26, 19 49 that I last saw the deceased alive on June 25, 19 49, and that death occurred at 7:13 P.m., from the causes and on the date stated above.

23a. SIGNATURE W. C. Peter (Degree or title) D.O. 23b. ADDRESS Hermann, Mo. 23c. DATE SIGNED 6/27/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE June 28th 1949 24c. NAME OF CEMETERY OR CREMATORY Bethony 24d. LOCATION (City, town, or county) (State) West of American, Mo.

DATE REC'D BY LOCAL REG. June-27-49 REGISTRAR'S SIGNATURE Miss Thana Lee Thompson 25. FUNERAL DIRECTOR'S SIGNATURE W. C. Peter ADDRESS \_\_\_\_\_

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

70  
6  
0

RECEIVED JUL 6 1919  
District Health Officer No. 9,  
District File Number

**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 \_\_\_\_\_

D. B. Baker,

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed D B Baker

Signed.....  
Student Embalmer

Licensed Embalmer No. 3375

P. O. Address Americus, 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 this body is not embalmed, fact should be so stated above.