

FILED NOV 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37079

BIRTH NO.		REG. DIST. NO. 144		PRIMARY REG. DIST. NO. 4234		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY IRON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY IRON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN IRONTON		c. LENGTH OF STAY (In this place township) One day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. MARY'S of the OZARKS				d. STREET ADDRESS (If rural, give location) IRONTON Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) THEODORE c. (Last) GAMMA, SR.			4. DATE OF DEATH (Month) (Day) (Year) NOV. 6, 1949				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify) Widowed		8. DATE OF BIRTH June 17, 1866	
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) MISSOURI	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME JACOB GAMMA			13b. MOTHER'S MAIDEN NAME PAULINE SEITZ			14. NAME OF HUSBAND OR WIFE ELLA MARY GAMMA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jacob T. GAMMA, Jr., St. Louis, Mo.			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute bilateral bronchial pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS: chronic arthritis Conditions contributing to the death but not related to the disease or condition causing death. hypertrophied prostate					INTERVAL BETWEEN ONSET AND DEATH 2 days 610X ? ?
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 4-23, 1949, to Nov 6, 1949, that I last saw the deceased alive on Nov 6, 1949, and that death occurred at 11:10 A. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) P. E. Harland, M.D.				23b. ADDRESS 118 N. Main St. Ironton, Mo.		23c. DATE SIGNED 11-7-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-8-49		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) Madison County, Mo.	
DATE REC'D BY LOCAL REG. Nov. 10, 1949		REGISTRAR'S SIGNATURE Mrs. Aris Jones		25. FUNERAL DIRECTOR'S SIGNATURE 128 Sam. Davis, Jr.		ADDRESS Fredericktown, Mo.	

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

RECEIVED 11-14-49

District Health Officer No. 4

District File Number 1149-149

Date Filed.....

DEC 1 1949

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 Sam Najin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.