

FILED DEC 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37738**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 329 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>Jefferson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Crystal City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Crystal City</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>127 County Road</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>Elvada</b> c. (Last) <b>Gamblin</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 4, 1949</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Dec. 26, 1896</b>
9. AGE (In years last birthday) <b>52/10/8</b>		10. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Doe Run, Mo.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>George Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Handle</b>	14. NAME OF HUSBAND OR WIFE <b>Martin G. Gamblin</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Cletus Gamblin</b> ADDRESS <b>127 County Rd. Crystal City, Mo.</b>
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>bronchial pneumonia</b> INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral accident</b> DUE TO (c) <b>essential hypertension</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Diabetes mellitus</b>	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>June 4, 1944</b> to <b>Nov 9, 1949</b> that I last saw the deceased alive on <b>Nov 4, 1949</b> , and that death occurred at <b>1:15 PM</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. W. Festus, M.D.</b>		23b. ADDRESS <b>Festus, Mo.</b>	23c. DATE SIGNED <b>11-5-49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11/7/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Herculeaneum Mo.</b>	24d. LOCATION (City, town, or county) (State) <b>Herculeaneum, Mo.</b>
DATE REC'D BY LOCAL REG. <b>Nov. 8, 1949</b>	REGISTRAR'S SIGNATURE <b>Clean Sciville</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. W. Festus, M.D.</b> ADDRESS <b>Festus, Mo.</b>	

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

REC'D 6/1/59

DATE RECEIVED 12-8-49  
JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

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.

Signed \_\_\_\_\_

*H. O. Myland*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. 3010

P. O. Address *Festus 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.