

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHDr. Harry Sissy
State File No. 40367

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 2001

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
d. TOWN <u>Springfield</u>		e. LENGTH OF STAY (in this place) <u>0396</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>321 S. Dollison</u>		d. STREET ADDRESS (If rural, give location) <u>321 S. Dollison</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MISSOURI</u>		c. (Last) <u>GAMBILL</u>	
b. (Middle)		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec., 11, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>5/4/1864</u>
9. AGE (In years last birthday) <u>86</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Lawrence County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Decalb Bowles</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth F. Morris</u>	
14. NAME OF HUSBAND OR WIFE <u>B.F. Gambill</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Otto Bowles</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. ADDRESS <u>321 S. Dollison</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		<u>unknown</u>	
DUE TO (c)		4500	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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>Springfield, Greene, Mo.</u>	
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>July 10, 1950</u> to <u>Dec 12, 1950</u> that I last saw the deceased alive on <u>Dec 7, 1950</u> , and that death occurred at <u>11:45 pm</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>H. H. Lohmeyer</u>		23b. ADDRESS <u>609 Cherry St.</u>	
23c. DATE SIGNED <u>Dec 12, 50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>12/14/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Pennsboro, Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-14-50</u>	REGISTRAR'S SIGNATURE <u>H. H. Lohmeyer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. H. LOHMEYER</u>	
		ADDRESS <u>SPRINGFIELD, MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Lucian J. Swalley

Signed.....
Student Embalmer

Licensed Embalmer No. *4815*

P. O. Address *Springfield*

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.