

FILED MAR 12 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4447

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **187**

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Wright</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Springfield</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Mountain Grove</b>	
c. LENGTH OF STAY (in this place) <b>2 Days</b>		d. STREET ADDRESS (If rural, give location) <b>Route # 3</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>OSZARK OSTEOPATHIC HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First)	b. (Middle)	c. (Last)	(Month)	(Day)	(Year)
<b>Caroline Hester Gemmell</b>			<b>March</b>	<b>4</b>	<b>1951</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>June 21, 1876</b>	9. AGE (in years last birthday) <b>74</b>	IF UNDER 1 YEAR Months <b>8</b>	IF UNDER 12 HRS. Days <b>13</b>	IF UNDER 12 MIN. Hours <b></b>	Minutes <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Unionville, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Calvin Coate Coate</b>	13b. MOTHER'S MAIDEN NAME <b>Candace Coppock</b>	14. NAME OF HUSBAND OR WIFE <b>William Gemmell</b>
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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>Mrs. Geraldine Zackery</b>	ADDRESS <b>Mtn. Grove</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>446x</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Advanced Arteriosclerosis Nephrosclerosis</b>		
	DUE TO (c) <b>Arteriosclerosis</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 type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **3-2-** **1951**, to **3-4-** **1951**, that I last saw the deceased alive on **3-4-** **1951**, and that death occurred at **8:20A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Deland E. Stifel</b> (Degree or title)	23b. ADDRESS <b>20. S Springfield, Mo.</b>	23c. DATE SIGNED <b>3/4/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>3-4-51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Crown Hill</b>	24d. LOCATION (City, town, or county) (State) <b>Denver, Colorado</b>
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DATE REC'D BY LOCAL REG. <b>3-5-51</b>	REGISTRAR'S SIGNATURE <b>W.E. Hundley</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>R.W. Barker</b>	ADDRESS <b>Mt. Grove, Missouri</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

396  
0

CALL DAY

MAR 12 1951

STATEMENT BY LICENSED EMBALMER

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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 Rue Barber

Licensed Embalmer No. 3848

P. O. Address 5th St. & 1st Ave. S.W.

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of Missouri }  
County of Greene } ss.

State File No. 4447-50  
Local Registrar's No. 187

**AFFIDAVIT FOR CORRECTION OF A RECORD**

On this 16th day of March, 1951, before me appears.....

Clarence H. Adams, who, upon his oath, states that the original record of ~~birth~~ death  
for CAROLINE HESTER GEMMELL ~~born~~ <sup>died</sup> March 4, 1951, 1951, in the State of  
Missouri, and which was filed at Springfield, Missouri on March 5, 1951, should be corrected as follows:

Item No. 13a should read Calvin Coate

Instead of Calvin Cote

Item No. 13b should read Candace Coppock

Instead of Candace Coppac

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Clarence H. Adams Son  
Relationship.

96 Bomb Sqdn. 2nd Bomb Group, Hunter Air  
Force Base, Savannah, Georgia Present Address

Subscribed and sworn to before me this 16th day of March, 1951.

My Commission expires July 6th, 1951 Paul V. Ferguson Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

1951

S-4447