

FILED NOV 20 1951

# STANDARD CERTIFICATE OF DEATH

State File No. 977  
Registrar's No. 977

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 5463

1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>037</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 of town) <u>1st Jackson twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield,</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>1344 S. National</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2 1/2 mi S. of Fair Grove Highway 65</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fred</u> b. (Middle) <u>M.</u> c. (Last) <u>Gammon</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 15, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 13, 1906</u>	9. AGE (in years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>livestock Buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stockyards</u>	11. BIRTHPLACE (State or foreign country) <u>Buffalo, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>J.E. Gammon</u>	13b. MOTHER'S MAIDEN NAME <u>Edith Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Freda Gammon</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>	16. SOCIAL SECURITY NO. <u>Unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Freda Gammon</u> ADDRESS <u>Springfield, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u>		INTERVAL BETWEEN ONSET AND DEATH <u>inst</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 8164 26</u>		

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) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 65</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>1st Jackson Greene Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov 15-51 545p.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW THE INJURY OCCURRED <u>Auto collision</u>

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 545 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.E. Handley</u> (Type or title)	23b. ADDRESS <u>Springfield Mo</u>	23c. DATE SIGNED <u>11-16-51</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>11-18-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buffalo Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Buffalo Missouri</u>
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DATE REC'D BY LOCAL REG. <u>11-17-51</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner &amp; Co.</u> ADDRESS <u>Springfield, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

VS JUL 18 1961

DEC 3 1961

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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

*Wm. D. Roberts*

Licensed Embalmer No. *4005*

P. O. Address *Springfield, 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.