

No. 300
10.48

FILED NOV 10 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37430

BIRTH NO. _____ REG. DIST. NO. 358 PRIMARY REG. DIST. NO. 6212 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood		c. LENGTH OF STAY (In this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harwood, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Harwood	
		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Ivy	b. (Middle) Amenia	c. (Last) Gammon	4. DATE OF DEATH (Month) (Day) (Year) Oct 26 1952
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 26, 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (State or foreign country) Schell City, Vernon Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Samuel L. Roberts	13b. MOTHER'S MAIDEN NAME Amanda Roberson	14. NAME OF HUSBAND OR WIFE Ray B. Gammon
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Loren Roberts, Schell City, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocardial infarction		
	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. Obesity			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (m.)	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 **Oct 24, 1952**, to **Oct 26, 1952**, that I last saw the deceased alive on **Oct 18, 1952**, and that death occurred at **6 A m.**, from the causes and on the date stated above.

23a. SIGNATURE F. S. Marley (Degree or title) M.D.	23b. ADDRESS Nevada Mo.	23c. DATE SIGNED Oct. 26, 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 28, 1952	24c. NAME OF CEMETERY OR CREMATORY Harwood Cemetery	24d. LOCATION (City, town, or county) (State) Harwood Mo.
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DATE REC'D BY LOCAL REG. 10-28	REGISTRAR'S SIGNATURE Bliss B. Daily	25. FUNERAL DIRECTOR'S SIGNATURE OUR Wagoner	ADDRESS Harwood, Mo.
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1080
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.....

W. Waggoner

Signed.....

Student Embalmer

Licensed Embalmer No. *2709*

P. O. Address *Harwood, 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.