

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22088

State File No.

FILED JUN 23 1953

REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 50

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

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton	
c. LENGTH OF STAY (In this place) 17 days		d. STREET ADDRESS (If rural, give location) 204 Ravine Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			
3. NAME OF DECEASED (Type or Print) William B. Gammon		4. DATE OF DEATH June 19, 1953	
5. SEX Male		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 12, 1886	
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hospital attendant		10b. KIND OF BUSINESS OR INDUSTRY Hospital	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles P. Gammon		13b. MOTHER'S MAIDEN NAME Alida Strutman	
14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-16-8875	
17. INFORMANT'S SIGNATURE OR NAME San. records, Mo. State San., Mt. Vernon, Mo.		ADDRESS	
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary tuberculosis about 6 weeks ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer abt. 2 yrs.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 002X	
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)		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 6-2- , 19 53 , to 6-19- , 19 53 , that I last saw the deceased alive on 6-19- , 19 53 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. Belliver M.D.		23b. ADDRESS Mt. Vernon, Mo.	
23c. DATE SIGNED 6-19-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/19/53	
24c. NAME OF CEMETERY OR CREMATORY Not known		24d. LOCATION (City, town, or county) (State) of Callaway Mo	
DATE REC'D BY LOCAL REG. 6-20-53		REGISTRAR'S SIGNATURE Paul Hendricks	
25. FUNERAL DIRECTOR'S SIGNATURE Geo B Orr		ADDRESS Mt. Vernon	

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 _____

Geo B Orr

Licensed Embalmer No. 946

P. O. Address 7th Fernon St

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.