

FILED APR 20 1954

THE DIVISION OF HEALTH OF THE STATE OF INDIANA
STANDARD CERTIFICATE OF DEATH

12652

State File No.

BIRTH NO. _____ REG. DIST. NO. 199 PRIMARY REG. DIST. NO. 5733 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Mac on

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE California b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural North Walnut Momentary

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Van Nuys

d. FULL NAME OF HOSPITAL OR INSTITUTION Approx. 1 Mi. West of Elmer on Santa Fe R.R. Tracks

d. STREET ADDRESS (If rural, give location) 7248 White Oak

3. NAME OF DECEASED
a. (First) William b. (Middle) Clinton c. (Last) Gambrel

4. DATE OF DEATH (Month) (Day) (Year)
Mar. 28, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 8, 1875

9. AGE (In years last birthday) 78 IF UNDER 12 MONTHS 5 DAYS 20 HOURS --- MIN. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wholesaler

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Indiana

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Amos Gambrel

13b. MOTHER'S MAIDEN NAME Aliza Dickerson

14. NAME OF HUSBAND OR WIFE JULIA GAMBREL

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. 310-01-4672

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mabel Martz, Indianapolis Ind

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Due to (b) Crushed Chest coroners Come to his death by } Jury verdict
DUE TO (c) Reasons unknown

INTERVAL BETWEEN ONSET AND DEATH

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 NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Unknown

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) Mac on (STATE) Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Nov. 28 1954 AM 1:30

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Unknown (Found on Santa Fe tracks)

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 on _____, 19____, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lester Hutton Coroner

23b. ADDRESS Mac on Mo.

23c. DATE SIGNED Mar 30 54

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Mar. 31, 1954

24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK INDIANAPOLIS INO.

24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Mar 30 1954

REGISTRAR'S SIGNATURE Daphne Koverton

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Kenneth W. Wilson 184 - 1/2 La Plata Mo

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

0610

8040

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MAR 7 1958

FEB 24 1958

RECEIVED
MASON COUNTY HEALTH DEPARTMENT
Sandy File No. 4-1-54
Date Filed 4-16-54

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: Kenneth M. Wilson

Licensed Embalmer No. 4701

P. O. Address La Plata, 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.