

FILED SEP 14 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 156-2001-439

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 439

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY (If outside corporate limits, write RURAL and give town or TOWN JOPLIN
c. LENGTH OF STAY (In this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE MISSOURI b. COUNTY JASPER
c. CITY OR TOWN JOPLIN
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) 119 PARK AVE. 0495

3. NAME OF DECEASED (First) CARL (Middle) EDWARD (Last) GAMBLE 4. DATE OF DEATH (Month) SEPT (Day) 1 (Year) 1954

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH 4/14/1915 9. AGE (In years, last birthday) 39 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PLANT MANAGER 11. BIRTHPLACE (City and State or Foreign Country) ELSEY, MISSOURI 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME ELMER GAMBLE 13b. MOTHER'S MAIDEN NAME LENNA REVIS 14. NAME OF HUSBAND OR WIFE NOLA MAXINE GAMBLE

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. _____ 17. INFORMANT'S SIGNATURE OR NAME ADDRESS NOLA MAXINE GAMBLE, 119 PARK JOPLIN

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolus
ANTECEDENT CAUSES
DUE TO (b) Auricular fibrillation
DUE TO (c) Rheumatic heart disease
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease
INTERVAL BETWEEN ONSET AND DEATH 30 MIN
10 YRS
10 YRS

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8/12/1954, to 9/1/1954, that I last saw the deceased alive on 9/1/1954, and that death occurred at 6:10 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) _____ 23b. ADDRESS 421 Frisco Bldg, Joplin, Mo 23c. DATE SIGNED 9/3/54

24a. BURIAL CREMATION REMOVAL (Specify) BURIAL 24b. DATE 9-4-1954 24c. NAME OF CEMETERY OR CREMATORY Ozark mem - 24d. LOCATION (City, town, or county) (State) Joplin MO

DATE REC'D BY LOCAL REG. 9-9-54 REGISTRAR'S SIGNATURE Ed Jernick 138 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS THORNHILL-DILLON JOPLIN, MO

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

JAN 28 1956

SEP 13

RECEIVED

Jasper County Health Of

County File Number 54-9-

Date Filed SEP 13 1956

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.....
Signature of Student Embalmer

Signed.....
David E. DeLoe

Licensed Embalmer No. 389

P. O. Address.....
Joplin 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.