

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED APR 18 1955

State File No. **12977**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **301** PRIMARY REG. DIST. NO. **4450** Registrar's No. **527**

1. PLACE OF DEATH a. COUNTY <b>Butler</b> <b>RIPLEY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY OR TOWN <b>Naylor</b>		c. CITY OR TOWN <b>Naylor</b> <b>RIPLEY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>JOE Atwood Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>0120</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Martha</b>	b. (Middle) <b>Frances</b>	c. (Last) <b>Gamblin</b>	4. DATE OF DEATH (Month) (Day) (Year)
				<b>2-22-55</b>

5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
		<b>Never married</b>	<b>April 8, 1871</b>	<b>83</b>	<b>12</b> Months	<b>4</b> Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
<b>Housekeeper</b>	<b>Home</b>	<b>Missouri</b>	<b>USA</b>

13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>none</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <b>Cora Jennings, Ashdown, Ark.</b>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Edema</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Arterio sclerotic heart disease</b>		<b>Unknown</b>
	DUE TO (c) <b>Infirmities of old age</b>		
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 <b>4200</b>	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) _____	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 **Feb. 13, 1955**, to **Feb. 22, 1955**, that I last saw the deceased alive on **Feb. 15, 1955**, and that death occurred at **2A** m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. L. Smith</b> (Degree or title)	23b. ADDRESS <b>Box 328, Naylorville, Mo.</b>	23c. DATE SIGNED <b>2-27-55</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>2-23-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Powhatan Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>FM BODRNY, ARK</b>
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DATE REC'D BY LOCAL REG. <b>3/4/55</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b>	ADDRESS <b>Poplar Bluff, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

0919

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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 2-22-JJ....., Student Embalmer No..... working under my personal supervision.

Student.....  
Signature of Student Embalmer

Signed Phil A. Leuchel.....

Licensed Embalmer No. 293.....

P. O. Address Maple Bl.....

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.