

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18021

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 69 PRIMARY REG. DIST. NO. 5270 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <b>Christian</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>"Rural" Lincoln</b>		c. CITY OR TOWN <b>Brookline Rt. 1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rt. 1, Brookline</b>		No. STREET ADDRESS (If rural, give location) <b>"Rural" Lincoln</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>EVBLYN</b> b. (Middle) <b>THEODORE</b> c. (Last) <b>GAMBLE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 16 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>July 29, 1897</b>		9. AGE (In years last birthday) <b>57</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>State of Utah</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Alfred A. Gamble</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Alvie Gamble</b>		ADDRESS <b>Kansas City, Missouri</b>			

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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinomatosis of abdomen</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 months</b>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Carcinoma ovary and sigmoid colon</b>		DUE TO (c)		<b>1 year</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>175X</b>					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of rt. ovary involving sigmoid colon, liver</b>		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) m.		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 **Feb. 5**, 19 **55** to **5/15/55**, 19 **55**, that I last saw the deceased alive on **5/15**, 19 **55** and that death occurred at **?** m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Springfield, Missouri</b>	
23c. DATE SIGNED <b>5/23/55</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/23/55</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Phillips Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Christian County, Missouri</b>			

DATE REC'D BY LOCAL REG. <b>5/23/55</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		509 GENERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS <b>Springfield, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING INK—SPRINGFIELD, MISSOURI PERMANENT RECORD

JUL 2

**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.....  
Licensed Embalmer No.....

P. O. Address .....

1955  
JUL 2

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.