

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

FILED SEP 19 1955

State **28570**

BIRTH NO. _____		REG. DIST. NO. <b>(37)</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>24</b>	
1. PLACE OF DEATH a. COUNTY <b>Henry</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Johnson</b>			
b. CITY OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <b>Holden</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ralston Rest Home 302 E. Ohio St.</b>				e. STREET ADDRESS (If rural, give location) <b>0.516</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) <b>Thomas</b> c. (Last) <b>Gambelin</b>				4. DATE OF DEATH (Month) <b>9</b> (Day) <b>6</b> (Year) <b>1955</b>			
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIAGE NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <b>1969</b>	
9. AGE (In years last birthday) <b>86</b>		10. IF UNDER 1 YEAR Months _____ Days _____		10. IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done, or last most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Holden Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>Wm Gambelin</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Tucker</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>5</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ada Libman</b>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho-pneumonia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Senility</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Uremia</b>				INTERVAL BETWEEN ONSET AND DEATH <b>72 hrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>450g.</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) (Min.)		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 <b>8-1</b> , 19 <b>55</b> , to <b>9-6</b> , 19 <b>55</b> ; that I last saw the deceased alive on <b>9-6</b> , 19 <b>55</b> and that death occurred at <b>3-4</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Wm. C. Sunderworth M.D.</b>				23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>9-6-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>Sept 8-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holden</b>		24d. LOCATION (City, town, or county) (State) <b>Mo</b>	
DATE REC'D BY LOCAL REG. <b>Sept 8-1955</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. S. Brown</b>		ADDRESS <b>Union Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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



NOV 8 1955

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 47

P. O. Address Clinton

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.