

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

DR. GAMMON 820
State File No.

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 4137 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u>	c. LENGTH OF STAY (In this place) <u>7 Days</u>	c. CITY OR TOWN <u>Plad</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Show Me Rest Home</u>		f. STREET ADDRESS (If rural, give location) <u>R. F. D. 0300</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ollie</u>	b. (Middle)	c. (Last) <u>Stivesipher</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 19, 1956</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Sept. 12, 1867</u>	9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>7</u> IF UNDER 12 HRS. Hours <u>12</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>House wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dallas County Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>Robert Yates</u>	13b. MOTHER'S MAIDEN NAME <u>MARGARET GAMMON</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Stivesipher</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wm. Stivesipher</u>	ADDRESS <u>Plad, Mo.</u>
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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) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>?</u> <u>?</u> <u>60 yrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
	DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chr. Bronchial Asthma</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	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 1935, to 1-19, 1956, that I last saw the deceased alive on 1-19, 1956, and that death occurred at 9 A. m., from the causes and on the date stated above.

22a. SIGNATURE <u>D. O. Gammon</u>	(Degree or title) <u>M.D.</u>	22b. ADDRESS <u>Buffalo Mo</u>	22c. DATE SIGNED <u>1-21-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1/22/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plad cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Plad, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>1-23-56</u>	REGISTRAR'S SIGNATURE <u>Grace Peterson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. B. Jones</u>	ADDRESS <u>Buffalo, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 22 1957

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Buffalo, N.Y.

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.