

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **14239**BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **3084** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY PIKE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN LOUISIANA	c. LENGTH OF STAY (In this place) 1 week	c. CITY OR TOWN BOWLING GREEN	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 PIKE COUNTY HOSPITAL		e. STREET ADDRESS (If rural, give location) RFD #2	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) FRANK	b. (Middle) ELDON	c. (Last) GAMM	(Month) April	(Day) 20,	(Year) 1956			
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-2-1893	9. AGE (In years last birthday) 62	10. MONTHS 7	11. YEARS 18	12. IF UNDER 18 Hours 18	13. IF UNDER 18 Min. 18
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (City and State or Foreign Country) Calhoun County Illinois		12. CITIZEN OF WHAT COUNTRY? US		

13a. FATHER'S NAME John T. Gamm		13b. MOTHER'S MAIDEN NAME Gennie Bell Thomas		14. NAME OF HUSBAND OR WIFE Frances Gamm			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 498-40-0854		17. INFORMANT'S SIGNATURE OR NAME Mrs. Frank Gamm		ADDRESS Bowling Green, Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Leukemia		DUE TO (b) Nephritis &			1 wk	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) Pneumonia			3+ yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					2 wks	

19a. DATE OF OPERATION 5-9-56		19b. MAJOR FINDINGS OF OPERATION		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) 4-20-56		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1954** to **4-20, 1956**, that I last saw the deceased alive on **4-20, 1956**, and that death occurred at **11:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas. H. Leivellen M.D.		(Degree or title)		23b. ADDRESS Louisiana, Mo.		23c. DATE SIGNED 4/29/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-23-56		24c. NAME OF CEMETERY OR CREMATORY Bowling Green Cem.		24d. LOCATION (City, town, or county) (State) Bowling Green, Missouri	

DATE REC'D BY LOCAL REG. April 25, 1956		REGISTRAR'S SIGNATURE Bernice Collier		FUNERAL DIRECTOR'S SIGNATURE Bob Mudd		ADDRESS Bowling Green, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

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.....
James W. Mudd

Licensed Embalmer No. *2415*

P. O. Address *Bowling Green*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.