

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009525
STATE FILE NUMBER

FILED MAR 24 1958

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 249A

300
1-57
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1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Springfield mo</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If not in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Johns</u> Length of stay in lb <u>One day</u>		d. STREET ADDRESS <u>1725 W. Chestnut St</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>William Richard Gamble</u>			4. DATE OF DEATH Month Day Year <u>Mar 8-1958</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June-3-1885</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Thinner</u>		9b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>72-5-5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Thinner</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Lawrence Co. mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Frank Gamble</u>	
13b. MOTHER'S MAIDEN NAME <u>Margarette ?</u>		14. NAME OF HUSBAND OR WIFE <u>Etta Gamble</u>	
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>567-12-1522</u>	
17. INFORMANT <u>Etta Gamble</u> Address <u>Springfield mo</u>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-renal-vascular disease</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>4-20-56</u> to <u>3-8-58</u> and last saw her/him alive on <u>3-7-58</u> . Death occurred at <u>8:20A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Wickett</u> (Deputy Registrar)		22b. ADDRESS <u>Springfield mo</u>	
22c. DATE SIGNED <u>3-18-58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Mar. 10-1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Masson Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Cane mo.</u>		23e. LOCATION (State)	
24. FUNERAL DIRECTOR <u>Ernest J. Cheatham - Salina mo</u> ADDRESS		25. DATE RECD. BY LOCAL REG. <u>3-18-58</u>	
26. REGISTRAR'S SIGNATURE <u>Effie G. Melton</u>		26. REGISTRAR'S SIGNATURE	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Emmett J. Cheatham*
Licensed Embalmer No. *3870*
P. O. Address *Salena, Mo*

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.