Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005138
STATE FILE NUMBER

FILED FEB 16 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 143

1. PLACE OF DEATH a. COUNTY: Greene b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Springfield — Inside Limits: Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): City Hospital — Length of stay in 1b:	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Greene c. CITY OR TOWN: Pleasant Hope — Inside Limits: Yes [ ] No [X] d. STREET ADDRESS (If outside, give location): RFD#1 — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First: Maloy	Middle:	Last: Gambriel	4. DATE OF DEATH Month, Day, Year: February 8, 1959	
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH: 30 April 1908	9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer	10b. KIND OF BUSINESS OR INDUSTRY: Farming	11. BIRTHPLACE (City and state or country): Bolivar, Missouri	12. CITIZEN OF WHAT COUNTRY?: USA	
13a. FATHER'S NAME: Wesley Gambriel	13b. MOTHER'S MAIDEN NAME: Jeanette Bays	14. NAME OF HUSBAND OR WIFE: Loma Gambriel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No	16. SOCIAL SECURITY NO.: ?	17. INFORMANT: Hospital Records — Address:		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Apoplexy
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 334X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2-4-59, to 2/8/59 and last saw him alive on 2-8-59
Death occurred at 3:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Lyman D. Brown M.D.	22b. ADDRESS: 311½ College Springfield, Mo.	22c. DATE SIGNED: 2/12/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 2/11/59	23c. NAME OF CEMETERY OR CREMATORY: Bellview Cemetery	23d. LOCATION (City, town, or county) (State): Greene County, Missouri

24. FUNERAL DIRECTOR — ADDRESS: J.W.KLINGNER & CO. SPRINGFIELD, MO.	25. DATE RECD. BY LOCAL REG.: 2-13-59	26. REGISTRAR'S SIGNATURE: Effie G. Mellon

jhc

(Licensed Embalmer's Statement on Reverse Side)

Solution, Solution, etc., must be duly standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

CLERK 10 1958

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 Glen D. Williams

Licensed Embalmer No. 4651

P. O. Address Springfield

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.