

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-020960

FILED JUL 7 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 717

5. 300
1-57 0

1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Springfield		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital			Length of stay in 1b		d. STREET OR ADDRESS 2003 Link Drive		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First JESS Middle Last GAMBLE				4. DATE OF DEATH Month June Day 28 Year 1959					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 17 Nov. 1888		9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hatchery Manager			10b. KIND OF BUSINESS OR INDUSTRY Hatchery		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Durry Gamble			13b. MOTHER'S MAIDEN NAME Della Lushbaugh			14. NAME OF HUSBAND OR WIFE Ethel Gamble			
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. Unknown		17. INFORMANT Address Ethel Gamble (Wife) Springfield, Mo.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary emphysema About 2 yrs. Pneumonectomy for Ca of lung May 23, '57 Bronchial asthma Less than 2 yrs. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (1) (2) (3) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Chronic bronchitis, severe (unknown)								INTERVAL BETWEEN ONSET AND DEATH	
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.) 163X						
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 3-17-59 to 6/28/59 and last saw him alive on 6/27/59 Death occurred at 12:23 A. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE [Signature] (Degree or title)				22b. ADDRESS 609 Cherry Springfield, Missouri		22c. DATE SIGNED 6-29-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/30/59	23c. NAME OF CEMETERY OR CREMATORY Eastlawn Cemetery			23d. LOCATION (City, town, or county) Springfield, Missouri (State)			
24. FUNERAL DIRECTOR J.W. KLINGNER & CO. Springfield, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 6-29-59		26. REGISTRAR'S SIGNATURE [Signature]			

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Opk Stone Ho*

Licensed Embalmer No. *476*

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.