

MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

'59 0 4 4 5 6 3

FILED VS. DEC 28 1959 /60

Registration District No. 559V

Primary Registration District No. 559V Registrar's No. 178

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>JEFF</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>JOACHIM</u>		Length of stay in 1b	c. CITY OR TOWN <u>DE SOTO</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>JEFF MEM HOSP</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R#1 Flucom Road</u>	
3. NAME OF DECEASED (Type or print) First <u>PAUL</u> Middle <u>MONROE</u> Last <u>GAMBLE</u>			4. DATE OF DEATH Month <u>DEC</u> Day <u>14</u> Year <u>1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-30-34</u>	9. AGE (last birthday) <u>24</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Punch Press Op</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>S.O. ADAMS CO</u>		11. BIRTHPLACE (City and state or country) <u>WASHINGTON CO MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>LAWRENCE GAMBLE</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET MILLER</u>	
14. NAME OF HUSBAND OR WIFE <u>NONE</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>493-36-2033</u>	
17. INFORMANT <u>JUDD J. HUFF</u>		Address <u>R4 St Charles, 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>multiple fractures</u> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>TWO CAR ACCIDENT.</u>			
20c. TIME OF INJURY Hour <u>4:15</u> p.m. Month, Day, Year <u>12/14/59</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		20f. CITY, TOWN, OR LOCATION <u>JOACHIM</u>
21. I attended the deceased from <u>Coroner's View</u> and last saw him alive on _____		Death occurred at <u>5:45 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>James R. Edwards, M.D.</u>		22b. ADDRESS <u>Fenton, Mo</u>		22c. DATE SIGNED <u>12/18/59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-17-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>NEW DIGGINGS</u>		23d. LOCATION (City, town, or county) (State) <u>POTOSI MO</u>	
24. FUNERAL DIRECTOR <u>JENKINS</u>		ADDRESS <u>Potosi, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Dec. 18, 1959</u>	26. REGISTRAR'S SIGNATURE <u>John N. Still Deputy</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MAR 8 1960

DEC 28 1960

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

Gerald J. Mehr

Licensed Embalmer No. 4975

(P. O. Address De Soto, 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.