

U.S. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 27 1960

60-034275

STATE FILE NUMBER

Registration District No. 096 Primary Registration District No. 4158 Registrar's No. 64

ENDED

1. PLACE OF DEATH a. COUNTY <b>Dallas</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dallas</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Buffalo</b>		Length of stay in 1b <b>life.</b>		c. CITY OR TOWN <b>Buffalo</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>W. Missouri St.</b>			d. STREET ADDRESS (If outside, give location) <b>W. Missouri St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>OMER</b> Middle <b>J.</b> Last <b>GAMEL</b>			4. DATE OF DEATH Month <b>Sept.</b> Day <b>10</b> Year <b>1960</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>April 19, 1986</b>	9. AGE (last birthday) <b>74</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>retired</b>		11. BIRTHPLACE (City and state or country) <b>Dallas Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
13a. FATHER'S NAME <b>George Gamel</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Belle Polley</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT <b>George Gamel Buffalo, Mo.</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Suffocation</b> <b>Inhalation of</b> Regurgitated stomach contents DUE TO (b) DUE TO (c) <b>Vomiting while in a diabetic coma</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease given in PART I (a) <b>Diabetes Mellitus</b>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b> <b>?</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year				
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>6/15/59</u> to <u>8/23/60</u> and last saw him alive on <u>8/23/60</u> Death occurred at <u>9:00 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Dr. Reynolds, D.O.</i>			22b. ADDRESS <b>Buffalo, Missouri</b>		22c. DATE SIGNED <b>9/14/60</b>
22a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Sept. 14, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Reynolds Chapel</b>		23d. LOCATION (City, town, or county) (State) <b>Dallas Co. Mo.</b>	
24. FUNERAL DIRECTOR <b>L. B. Jones</b>		ADDRESS <b>Buffalo, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>9/26/60</b>	26. REGISTRAR'S SIGNATURE <i>Mrs Vera Petree</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed R. E. Cheatham

Licensed Embalmer No. 3813  
P. O. Address Buffalo, N.Y.

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