MO DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS NOV 2 1960

DED

—60—039318

STATE FILE NUMBER

Registration District No. 222 Primary Registration District No. _____ Registrar's No. 118 ~~127~~

1. PLACE OF DEATH a. COUNTY: Polk	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: Missouri b. COUNTY: Polk
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: North Madison — Length of stay in 1b:	c. CITY OR TOWN: Fair Play — Inside Limits: Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Fair Play, Mo. — Inside Limits: Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print)	First: Ernie	Middle: O	Last: Gamble	4. DATE OF DEATH	Month: October Day: 24 Year: 1960
5. SEX: male	6. COLOR OR RACE: white	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH: 12-20-1892	9. AGE (last birthday): 67	IF UNDER 1 YEAR: Months 10 Days 4 — IF UNDER 24 HR: 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	11. BIRTHPLACE (City and state or country): Dunnegan, Polk Co.	12. CITIZEN OF WHAT COUNTRY: U.S.A.		
13a. FATHER'S NAME: Drury Gamble	13b. MOTHER'S MAIDEN NAME: Adella Luchbough	14. NAME OF HUSBAND OR WIFE: Tracy Gamble			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: Tracy Gamble, Address: Fair Play, Mo.			

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) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

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)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐	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 Oct 24 1960, to Oct 24 1960 and last saw her/him alive on Oct 24 1960

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): D C McCrary MD	22b. ADDRESS: Bolivar Mo	22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 10-26 1960	23c. NAME OF CEMETERY OR CREMATORY: Barren Creek	23d. LOCATION (City, town, or county): Bolivar,	(State): Mo.
24. FUNERAL DIRECTOR: Frank W. Barker	ADDRESS: Fair Play, Mo.	25. DATE RECD. BY LOCAL REG.: Oct. 26, 1960	26. REGISTRAR'S SIGNATURE: Ralph Gordon per Jewell Gordon	

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

NOV 29 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Paul D Butler

Signature of Student Embalmer

Licensed Embalmer No. 4471

P. O. Address Bolivar,

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