

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013483

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

FILED APR 24 1961

Primary Registration District No. 3022 Registrar's No. 48

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Harrison				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Mercer			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bethany			Length of stay in 1b 4 days.		c. CITY OR TOWN Mill Grove,		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION No. 1 Memorial Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS R.F.D. # (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Vivian Middle Amber Last Gathman				4. DATE OF DEATH Month April Day 16 Year 1961			
5. SEX Female	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 7/23/1897	9. AGE (last birthday) 63		IF UNDER 1 YEAR Months 8 Days 23	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and state or country) Mt Moriah, Missouri		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME Lee H. Bussell			13b. MOTHER'S MAIDEN NAME Hattie Rock			14. NAME OF HUSBAND OR WIFE Herbert F. Gathman	
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. none		17. INFORMANT Herbert F. Gathman - Mill Grove, Mo. Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Acute Pulmonary Edema							minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Congestive Heart Failure							months.
DUE TO (c) Arterio sclerotic Heart Disease							years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Acute Lymphatic Leukemia; Old myocardial infarct.					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 type="checkbox"/>	SUCIDE <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 _____ a.m. _____ 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 4-13-61 to 4-16-61 and last saw her/him alive on 4-16-61 Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Albert Tribbe M.D. (Degree or title)				22b. ADDRESS Bethany, Mo.		22c. DATE SIGNED 4/19/1961	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/19/1961	23c. NAME OF CEMETERY OR CREMATORY Goshen Cemetery		23d. LOCATION (City, town, or county) (State) rural - Princeton, Missouri		
24. FUNERAL DIRECTOR Martin & Azbell Funeral Home Human Azbell Princeton, Mo. (Licensed Embalmer's Statement on Reverse Side)				25. DATE RECD. BY LOCAL REG. 4-19-1961		26. REGISTRAR'S SIGNATURE Gella Maxey	

SEP 27 1961

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 myself, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Lynne A. Bell*

Licensed Embalmer No. 5020

P. O. Address Princeton. 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.