

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-027995

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 254 Primary Registration District No. H386 Registrar's No. 41

**FILED AUG 15 1962**

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
10750						
20750						
3						
4 1						
5 2						
6						
7 0						
8 0						
9 4201						
10						
11						
12 9-0						
13 3-0						
ITEM NO. SHOULD READ						
USE BLACK INK OR TYPEWRITER RIBBON						

1. PLACE OF DEATH a. COUNTY <b>Oregon</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. STATE <b>Missouri</b> COUNTY <b>Oregon</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Thayer</b>		Length of stay in lb <b>Life</b>		c. CITY OR TOWN <b>Thayer</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Amanda Florence Gamel</b>			4. DATE OF DEATH Month Day Year <b>August 5 1962</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-26-1881</b>	9. AGE (last birthday) <b>81</b>	
10a. USUAL OCCUPATION (Give kind of work done Housewife (If life, even if retired))		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (City and state or country) <b>Thayer, Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>James Henry Ramsey</b>		13b. MOTHER'S MAIDEN NAME <b>Martha Bell Jackson</b>	
14. NAME OF HUSBAND OR WIFE <b>Joseph Mont Gamel</b>		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. <b>none</b>	
17. INFORMANT <b>James L. Hill, Thayer, Mo.</b>		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 <b>3 days</b>	
IMMEDIATE CAUSE (a) <b>Cornary Thrombosis</b>		DUE TO (b) <b>Myocardial Heart Disease</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (c) <b>Arteriosclerosis - Scurvy</b>			
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 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 Month, Day, Year a.m. p.m.		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 <b>7:00 July 1961</b> to <b>Aug 5 1961</b> and last saw her <b>Aug 5 1961</b> alive on <b>Aug 5 1961</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>DW Cooper MD</b> (Degree or title)			22b. ADDRESS <b>Thayer Mo</b>		22c. DATE SIGNED <b>8-7-62</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>8-8-1962</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Thayer, Missouri</b>	
23d. LOCATION (City, town, or county) <b>Thayer, Missouri</b>		23e. STATE <b>Missouri</b>		24. FUNERAL DIRECTOR <b>Carter Funeral Home, Thayer, Mo.</b>	
25. DATE RECD. BY LOCAL REG. <b>8-8-62</b>		26. REGISTRAR'S SIGNATURE <b>Wayne Hladin</b>			

*Permit obtained*

**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 *Leland Carter*

Licensed Embalmer No. 4576

P. O. Address *West Plains*

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.