

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020699

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 381 Primary Registration District No. 3098 Registrar's No. 980 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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20585

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

FILED MAY 22 1963	
1. PLACE OF DEATH	
a. COUNTY <u>Linn</u>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>	a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perishing Memorial Hospital</u>	c. CITY OR TOWN <u>Brookfield</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print)	d. STREET ADDRESS (If outside, give location) <u>603 market</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<u>HORACE HANNAHA GAMBLE</u>	4. DATE OF DEATH <u>May 11 1963</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>
7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4/2/1971</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	9. AGE (last birthday) <u>92</u> IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u> IF UNDER 24 HR Hours <u></u> Min. <u></u>
10b. KIND OF BUSINESS OR INDUSTRY <u>Contract building</u>	11. BIRTHPLACE (City and state or country) <u>Brookfield, Mo.</u>
13a. FATHER'S NAME <u>Joseph Gamble</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13b. MOTHER'S MAIDEN NAME <u>Annie Robertson</u>	14. NAME OF HUSBAND OR WIFE <u>Fannie Gamble (deceased)</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></u>
17. INFORMANT <u>Roe Smith, Brookfield, Missouri</u>	Address <u></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>Congestive Heart Failure</u>	
DUE TO (b) <u>Coronary Thrombosis</u>	
DUE TO (c) <u>Generalized arteriosclerosis</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>	
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"/> 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 <u></u> Month, Day, Year <u></u> s.m. <u></u> p.m. <u></u>	
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>5/11</u> to <u>5/11/63</u> and last saw her alive on <u>5/11/63</u>	
Death occurred at <u>11:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>R. W. Bohland MD</u>	22b. ADDRESS <u>Brookfield Mo</u>
22c. DATE SIGNED <u>5/13/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>May 15, 1963</u>
23c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>	23d. LOCATION (City, town, or county) <u>Brookfield, Missouri</u>
24. FUNERAL DIRECTOR <u>Hill Funeral Home, Brookfield, Mo.</u>	25. DATE REC'D BY LOCAL REG. <u>5-14-69</u>
26. REGISTRAR'S SIGNATURE <u>Lucas Watson</u>	

USE BLACK INK OR TYPEWRITER RIBBON

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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

R. J. Bradley

Licensed Embalmer No. 1872

P. O. Address

Chelmsbury Ave

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.