

FILED MAR 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8052

State File No.

BIRTH NO. 48-019910 REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 2000 Registrar's No. 235-A

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>	
c. LENGTH OF STAY (In this place) <u>11 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 11 Springfield</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bluge Hospital</u>			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>ETHEL</u>		(Month) (Day) (Year) <u>March 10 - 1949</u>	
b. (Middle) <u>MARIE</u>		c. (Last) <u>GAMBRIEL</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 5 - 1948</u>
9. AGE (In years last birthday) <u>0</u>	10. MONTHS <u>11</u>	11. DAYS <u>11</u>	12. HOURS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Infant</u>	11. BIRTHPLACE (State or foreign country) <u>Springfield, Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Malouy Gambriel</u>	
13b. MOTHER'S MAIDEN NAME <u>Loma Colvard</u>		14. NAME OF HUSBAND OR WIFE <u>Infant</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>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Loma Gambriel</u>		ADDRESS <u>Springfield, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Suppurative Meningitis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Meningocele, occipital</u> <u>Life</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Interanal Hydrocephalus</u> <u>Life</u>	
II. OTHER SIGNIFICANT CONDITIONS		<u>Rickets</u> <u>752A</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>4/15/48</u>	19b. MAJOR FINDINGS OF OPERATION <u>Meningocele of occipital region</u>		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>✓</u>	
22. I hereby certify that I attended the deceased from <u>March 10, 1949</u> , to <u>March 10, 1949</u> , that I last saw the deceased alive on <u>March 10, 1949</u> , and that death occurred at <u>6:30 A. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thomas S. Harris M.D.</u>		23b. ADDRESS <u>Springfield, Missouri</u>	23c. DATE SIGNED <u>3/12/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>3-13-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Belleveau Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>5 mi N. of Springfield, Mo.</u>
DATE REC'D BY LOCAL REG. <u>3/12/49</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.W. Klingner & Co.</u>	ADDRESS <u>Springfield, Mo</u>

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.

Signed.....

Ogle Stone Jr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4176*

P. O. Address *Springfield*

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 this body is not embalmed, fact should be so stated above.