

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10456**
Registrar's No. **2478**

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wentzville		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wentzville		d. STREET ADDRESS (If rural, give location) Box 84
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital					
3. NAME OF DECEASED (Type or Print)		a. (First) Matthew		b. (Middle) Martin	
		c. (Last) Gambill		4. DATE OF DEATH (Month) (Day) (Year) Mar 13 1950	
5. SEX Male		6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 21, 1945	
9. AGE (In years last birthday) 4		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 2 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Oceanside, California
12. CITIZEN OF WHAT COUNTRY? U.S.			13a. FATHER'S NAME Matthew Harden Gambill		
13b. MOTHER'S MAIDEN NAME Zelda Ketcherside			14. NAME OF HUSBAND OR WIFE None		
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'S SIGNATURE OR NAME Matthew Gambill, Wentzville, Mo.	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Perforated Appendicitis 6 days ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION 3-11-50		19b. MAJOR FINDINGS OF OPERATION Acute Perforated Appendicitis Peritonitis			20. AUTOPSY? YES <input 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) 5301	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-11-1950 to 3-13-1950 that I last saw the deceased alive on 3-12-1950 , and that death occurred at 2:40 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE John Hayward M.D.			23b. ADDRESS 508 - No. Grand		23c. DATE SIGNED 3-13-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-14-50	24c. NAME OF CEMETERY OR CREMATORY Leadwood, Mo.		24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. WAR 14 1950		REGISTRAR'S SIGNATURE J. B. Casata		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe, 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Me

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Etta W. Remblers

Licensed Embalmer No. 4283

P. O. Address St. Louis, 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 this body is not embalmed, fact should be so stated above.

St. No. 300
10-48

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BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1 PLACE OF DEATH a. COUNTY _____				2 USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentzville</u>		d. STREET ADDRESS (If rural, give location) <u>Box 84</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Baptist Hospital</u>				3 NAME OF DECEASED a. (First) <u>Matthew</u> b. (Middle) <u>Martin</u> c. (Last) <u>Gambill</u>			
4 DATE OF DEATH (Month) (Day) (Year) <u>Mar 13 1950</u>		5 SEX <u>Male</u> COLOR OR RACE <u>White</u>		7 MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>Never married</u>		8 DATE OF BIRTH <u>Aug. 21, 1945</u>	
9 AGE (in years last birthday) <u>4</u>		10 MONTHS <u>4</u> YEARS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MIN.		11 BIRTHPLACE (State or foreign country) <u>Oceanside, California</u>		12 CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (If there kind of work done during most of working life, even if retired) <u>Child</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		13a. FATHER'S NAME <u>Matthew Harden Gambill</u>		13b. MOTHER'S MAIDEN NAME <u>Zelda Fetcherside</u>	
13c. NAME OF HUSBAND OR WIFE <u>None</u>		15 WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give branch) (If not, give war or date of service) <u>No</u>		16 SOCIAL SECURITY NO. <u>None</u>		17 INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Matthew Gambill, Wentzville, 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, aneurism, etc. It means the disease, injury, or complication which caused death.		19 MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Perforated Appendicitis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> ANTECEDENT CAUSES _____ *Forbid conditions, if any, partly due to (b) _____ DUE TO (c) _____ 19 OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____					
19a. DATE OF OPERATION <u>3-11-50</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute Perforated Appendicitis - Peritonitis</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>(Suicide)</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Wentzville, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>3-11-1950</u> to <u>3-13-1950</u> that I last saw the deceased alive on <u>3-12-1950</u> , and that death occurred at <u>2:40 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>John Hayward MD</u> (Degree or title)				23b. ADDRESS <u>508-No. Grand</u>		23c. DATE SIGNED <u>3-13-50</u>	
24a. BURIAL, CREMATION, REMOVAL <u>Removal</u>		24b. DATE <u>3-14-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leadwood Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Leadwood, Mo.</u>	
DATE RECD BY LOCAL REG. <u>MAR 14 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Casata</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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Item #24c amended by affidavit of informant 10-2-86.