

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38157

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 96

1. PLACE OF DEATH a. COUNTY <u>Lent</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lent</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Salem</u>	
c. LENGTH OF STAY (in this place) <u>yr's</u>		d. STREET ADDRESS (If rural, give location) <u>Carty St</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John Henry Bradford</u> b. (Middle) <u>Gamblin</u> c. (Last) <u>Gamblin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11/19/52</u>		
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>12/16/73</u>		9. AGE (In years last birthday) <u>78</u>		10. UNDER 1 YEAR Months _____ Days _____	
11. UNDER 2 HRS. Hours _____ Mins. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Flour</u>			

13a. FATHER'S NAME <u>Wm Henry Gamblin</u>		13b. MOTHER'S MAIDEN NAME <u>Fredonia Bradford</u>		14. NAME OF HUSBAND OR WIFE <u>Clara May Hayes</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>X</u>		17. INFORMANT'S SIGNATURE AND ADDRESS <u>Clara May Gamblin Salem 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, ashenia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p align="center">I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u></p> <p align="center">DUE TO (b) <u>Diabetes Mellitus</u></p> <p align="center">DUE TO (c) _____</p> <p align="center">II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>260X</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>Oct 20 1852</u> to <u>Nov 18 1952</u> that I last saw the deceased alive on <u>Nov 18 1952</u> and that death occurred <u>6:55 P.M.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>L. H. Hunt</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Salem, Mo.</u>		23c. DATE SIGNED <u>11/20/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/21/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cedar Grove Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>Salem Mo</u>	

DATE REC'D BY LOCAL REG. <u>11-19-52</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. GENERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Carl H. Spencer Salem Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

331

FILED DEC 3 1952

**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 .....  
Student Embalmer

Signed Carl H. Sperry

Licensed Embalmer No. 2370

P. O. Address Dalton, 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.