

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED DEC 10 1952

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4450 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri.</u> b. COUNTY <u>Carter.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Doniphan.</u>		c. LENGTH OF STAY (in this place) <u>4 days.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Grandin.</u>		d. STREET ADDRESS (If rural, give location) <u>0180</u> <u>1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hospital.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jeff</u>			b. (Middle) <u>David</u>		c. (Last) <u>Gamble.</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1, 1952.</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>Nov. 19, 1887.</u>	9. AGE (In years last birthday) <u>65</u>	10. IF UNDER 1 YEAR (Months) (Days) <u>2-22</u>
11. IF UNDER 24 HRS. (Hours) (Min.)	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cabinet maker.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Carpentry.</u>	11. BIRTHPLACE (State or foreign country) <u>Oklahoma.</u>	
13a. FATHER'S NAME <u>Tom Gamble.</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah (unknown).</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Gamble.</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>498-10-1917.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn Gamble, Grandin, 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>		
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.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>002X</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)		
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?		
22. I hereby certify that I attended the deceased from <u>Nov 15, 1952</u> , to <u>Dec 1, 1952</u> , that I last saw the deceased alive on <u>Dec 1, 1952</u> , and that death occurred at <u>7:40 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Frank Johnson, M.D.</u> (Degree or title)			23b. ADDRESS <u>Doniphan, Mo.</u>		23c. DATE SIGNED <u>12-3-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	24b. DATE <u>Dec. 3, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Grandin Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Grandin, Missouri.</u>		
DATE REC'D BY LOCAL REG. <u>12-3-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> 277		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Meers, Doniphan, 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.

Student .....  
Student Embalmer

Signed Ray Messrs.

Licensed Embalmer No. 374

P. O. Address Doniphan, 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.**