

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29724**FILED **SEP 29 1953**BIRTH NO. **SEP 29 1953**REG. DIST. NO. **316**PRIMARY REG. DIST. NO. **6075**Registrar's No. **303**

0940

1. PLACE OF DEATH a. COUNTY ST. FRANCIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY ST. FRANCIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN River Mines		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN River Mines	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) JULIA		b. (Middle) ELLEN	
c. (Last) GAMMON		4. DATE OF DEATH (Month) (Day) (Year) Aug. 29 1953	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH OCT. 14 1897
9. AGE (In years last birthday) 75		10. IF UNDER 1 YEAR: Months 10 Days 15 Hours 15 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	
11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA.	
13a. FATHER'S NAME HENRY COUTON'S		13b. MOTHER'S MAIDEN NAME MARY UNKNOWN	
14. NAME OF HUSBAND OR WIFE JOHN GAMMON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No.	
16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Stville Gammon River Mines, 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) Peritonitis 7 Liver. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis 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 4222	
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 Jan 1 1953 , to Aug 29 1953 , that I last saw the deceased alive on Aug 28 1953 , and that death occurred at 5:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) C. H. Applegate MD		23b. ADDRESS Flax River, Mo.	
23c. DATE SIGNED 8-31-53		24a. BURIAL, CREMATION-REMOVAL (Specify) Burial	
24b. DATE Aug 31 1953		24c. NAME OF CEMETERY OR CREMATORY K.O.F.P. CEM.	
24d. LOCATION (City, town, or county) (State) ST. FRANCIS, MO.		25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell	
DATE REC'D BY LOCAL REG. Aug 31 1953		REGISTRAR'S SIGNATURE Ethel Rudloff	
25. FUNERAL DIRECTOR'S SIGNATURE Raymond Caldwell		ADDRESS Flax River, Mo.	

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed R. Caldwell

Licensed Embalmer No. 2531

P. O. Address Flat River, 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.