

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300
10.48

FILED FEB 1 1954

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 4134 Registrar's No. 7

6000

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Smithville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Gallatin</u>	
c. LENGTH OF STAY (In this place) <u>2 mo.</u>		d. STREET ADDRESS (If rural, show location) <u>Goodland, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Community Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>LEROY</u> c. (Last) <u>GABBERT</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 25-54</u>	
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Feb. 22-1912</u>	9. AGE (In years last birthday) <u>41</u>	# UNDER 1 YEAR Month Days	# UNDER 100 HOURS Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>baboon</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>St. H. Dept.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Rayville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>Charles Gabbert</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Jones</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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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>Minnie Gabbert</u> ADDRESS <u>Goodland, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis Abdomen</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Testicle</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>178X</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma Testicle</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE MOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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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
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22. I hereby certify that I attended the deceased from 6-19, 1953, to 1-25, 1954, that I last saw the deceased alive on 1-25, 1954, and that death occurred at 2 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. Spelman</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Smithville Mo</u>	23c. DATE SIGNED <u>1-25-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan 27-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-28-54</u>	REGISTRAR'S SIGNATURE <u>Marquette Anderson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Church-Creech</u> ADDRESS <u>Liberty, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

John Lombard

Licensed Embalmer No. *4418*

P. O. Address *Liberty, 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.