

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31150**

FILED OCT 11 1954

BIRTH NO. _____ REG. DIST. NO. **178** PRIMARY REG. DIST. NO. **5661** Registrar's No. **76**

1. PLACE OF DEATH a. COUNTY LEWIS		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maywood-Rural, Highland		c. LENGTH OF STAY (in this place) 6 days	c. CITY OR TOWN Maywood
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 10-60	
		f. STREET ADDRESS (If rural, give location) 4 1/2 miles N.W. Maywood, Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Grover b. (Middle) STEPHENSON c. (Last) GAMM			4. DATE OF DEATH (Month) (Day) (Year) Oct. 7. 1954		
5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 5, 1893	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY General	11. BIRTHPLACE (City and State or Foreign Country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Henry Clay Gamm		13b. MOTHER'S MAIDEN NAME Marietta Kathryn Bowers		14. NAME OF HUSBAND OR WIFE Elizabeth Pearl Gamm	
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. no		17. INFORMANT'S SIGNATURE OR NAME Grover G. Gamm ADDRESS Maywood	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion					1 hour
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		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 4201			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) (Min)		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 **Oct 26, 1953**, to **Oct 7, 1954** that I last saw the deceased alive on **Oct 7, 1954** and that death occurred at **9 Am.**, from the causes and on the date stated above.

23a. SIGNATURE Handes Y. Jennings (Degree or title)		23b. ADDRESS Cent Mo		23c. DATE SIGNED Oct 8 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 10, 1954		24c. NAME OF CEMETERY OR CREMATORY Dover		24d. LOCATION (City, town, or county) (State) 7 1/2 S.W. Lorraine Mo	
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DATE REC'D BY LOCAL REG. 10-8-54		REGISTRAR'S SIGNATURE P. W. Jennings 161-0		25. FUNERAL DIRECTOR'S SIGNATURE Thomas Bull ADDRESS Ewing Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

9961 9 T 1000

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.....
Signature of Student Embalmer

Signed *Thomas Ball*.....

Licensed Embalmer No. *1744*

P. O. Address *Ewing, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.