

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23997**

FILED AUG 14 1957

BIRTH NO. _____ REG. DIST. NO. **8/8** PRIMARY REG. DIST. NO. **5327** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Crawford Co		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Crawford c. CITY OR TOWN Cook Station	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cook Station UNION 4 months		c. LENGTH OF STAY (in this place) 4 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cook Station Mo		d. Is Residence within limits of a city, incorporated town? Yes No <input type="checkbox"/>	
e. STREET ADDRESS XX		(If rural, give location) 0 280	

3. NAME OF DECEASED (Type or Print) a. (First) Irvin b. (Middle) Gamblin c. (Last) Gamblin	4. DATE OF DEATH (Month) (Day) (Year) July 31 1957
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 21 1898	9. AGE (In years last birthday) 59	10. UNDER 1 YEAR Months 0 Days 0	11. UNDER 1 HR. Hours 0 Min. 0
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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) Dent Co Mo	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Wm Gamblin	13b. MOTHER'S MAIDEN NAME Marta Brocius	14. NAME OF HUSBAND OR WIFE Hazel Medley Gamblin
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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) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Hazel Gamblin	ADDRESS Cook Station Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 3-4 hrs.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Atherosclerosis DUE TO (c) Generalized atherosclerosis		
	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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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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)
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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
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22. I hereby certify that I attended the deceased from **7/31 1957** to **7/31**, 19**57**, that I last saw the deceased alive on **7/31**, 19**57**, and that death occurred at **11:15 AM**, from the causes and on the date stated above.

23a. SIGNATURE B. J. Bass MD (Degree or title)	23b. ADDRESS Salem Mo	23c. DATE SIGNED 8/2/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE August 3-57	24c. NAME OF CEMETERY OR CREMATORY Cedar Grove	24d. LOCATION (City, town, or county) (State) Salem Mo
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DATE REC'D BY LOCAL REG. 8/12/57	REGISTRAR'S SIGNATURE Ms. Hazel Lichius	25. FUNERAL DIRECTOR'S SIGNATURE Carl Spomer	ADDRESS Salem Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Carl H. Lyman*
Licensed Embalmer No. *9370*
P. O. Address *Palm Beach*

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.