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FILED OCT 7 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

30808
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 368

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Columbia — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): University Medical Center — Length of stay in It:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cass
c. CITY OR TOWN: Pleasant Hill — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: Anna Middle: Pearl Last: Gammon

4. DATE OF DEATH: Month 10 Day 3 Year 57

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 1-21-1895
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~At Home~~
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): ~~Jan 21 1895~~ Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: John A Gammon

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT: John Gammon Address: Pleasant Hill, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Aspiration (pulmonary) of blood — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Bleeding esophageal varices — 3 days
DUE TO (c) Portal cirhosis — 9 months
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 581.0

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9/17/57 to 10/3 and last saw her alive on 10/3/57
Death occurred at 9:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Frank R. Mohr, M.D.
22b. ADDRESS: U. of Mo. Med. Center, Columbia, Mo
22c. DATE SIGNED: 10/3/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-4-57
23c. NAME OF CEMETERY OR CREMATORY:
23d. LOCATION (City, town, or county) (State): Lee Summit, MO.

24. FUNERAL DIRECTOR ADDRESS: Parker Funeral Service Columbia Mo
25. DATE RECD. BY LOCAL REG.: Oct 4 1957
26. REGISTRAR'S SIGNATURE: Mrs. R. E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 .....

Licensed Embalmer No. 4897

P. O. Address Columbia, 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.