

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43136
State File No.

FILED DEC 9 - 1957

BIRTH NO. _____		REG. DIST. NO. <u>324</u>		PRIMARY REG. DIST. NO. <u>3072</u>		Registrar's No. <u>226</u>	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>			
b. CITY OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (In this place) <u>2 yrs</u>		c. CITY OR TOWN <u>Marshall</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>678 So. Odell</u>				e. STREET ADDRESS (If rural, give location) <u>678 So. Odell</u> <u>09720</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ALEX</u>		b. (Middle) _____		c. (Last) <u>GUMM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-2-1957</u>	
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>11-3-1879</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labourer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Saline County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Thos. S. Gumm</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ann Bush</u>		14. NAME OF HUSBAND OR WIFE _____			
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Georgia Maupin</u> <u>Manorly Mo</u>			
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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensin</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input type="checkbox"/>		331X	
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) _____		21f. HOW DID INJURY OCCUR? _____	
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"/>		22. I hereby certify that I attended the deceased from <u>Jan 1</u> , 19 <u>56</u> , to <u>Dec 2</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Dec 2</u> , 19 <u>57</u> , and that death occurred at <u>5:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>C. L. Lawless, M.D.</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>12-2-57</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>12-4-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marshall Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger</u> <u>Marshall Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-3-57</u>		REGISTRAR'S SIGNATURE <u>Cecil G. Reed</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Harry Hershberger</u> <u>Marshall Mo</u>			

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.....
Signature of Student Embalmer

Signed *Harry Hershberger*
Licensed Embalmer No. *4357*
P. O. Address *Marshall 7*

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.