

Health, Welfare, Public Service

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Bill Johnson

FILED JAN 27 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

917

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY GREENE			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY STONE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CRANE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BAPTIST		Length of stay in 1b 5 DAYS	d. STREET ADDRESS (If outside, give location) 4 miles south		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JACK Middle A. Last GAMBLE			4. DATE OF DEATH Month JANUARY Day 17 Year 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 25, 1882	9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done in last 12 months) FARMING, CANNING		10b. KIND OF BUSINESS OR OCCUPATION OWN BUSINESS		11. BIRTHPLACE (City and state or country) LAWRENCE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U S A
13a. FATHER'S NAME FRANKLIN GAMBLE		13b. MOTHER'S MAIDEN NAME MARGARET THOMPSON		14. NAME OF HUSBAND OR WIFE HATTIE GAMBLE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, state branch and dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT LORA WILSON CRANE, MISSOURI		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction, acute				INTERVAL BETWEEN ONSET AND DEATH None	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Benign Hypertrophy of prostate		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? 610X YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 12-6-57 to Jan 17, 1958 and last saw him alive on Jan 17, 1958 Death occurred at 1:00 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Deceased or title) William F. Johnson, M.D.			22b. ADDRESS 211 Professional Bg. Springfield, Mo.		22c. DATE SIGNED 1-21-58
23a. BURIAL, CREMATION, REMOVAL (If r)		23b. DATE 1/17/1958	23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY		23d. LOCATION (City, town, or county) (State) CRANE, MISSOURI
24. FUNERAL DIRECTOR AYRE-GOODWIN		ADDRESS SPRINGFIELD, MO.		25. DATE RECD. BY LOCAL REG. 1-22-58	26. REGISTRAR'S SIGNATURE Effie S. Melton

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Springfield

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.