

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004730

STATE FILE NUMBER

FILED MAR 4 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 70

|   |                           |   |  |   |   |
|---|---------------------------|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY Cape Girardeau   |                           |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE Missouri COUNTY Cape Girardeau |   |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN Cape Girardeau   |                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY OR TOWN Cape Girardeau <sup>0164</sup>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION 2220-3rd Street  |                           | Length of stay in 1b<br>12 yrs.   | d. STREET (If outside, give location)<br>ADDRESS 2220-3rd Street   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br>Melvin Gamblin   |                           |   | 4. DATE OF DEATH<br>Month Day Year<br>Feb. 19, 1959  |   |   |
| 5. SEX<br>Male  | 6. COLOR OR RACE<br>White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>   | 8. DATE OF BIRTH<br>March 17, 1906   |   | 9. AGE (In years last birthday)<br>52   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>None   |                           | 10b. KIND OF BUSINESS OR INDUSTRY   |  | 11. BIRTHPLACE (City and state or country)<br>Salem, Mo.  |   |
| 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.  |                           | 13a. FATHER'S NAME<br>Wm. H. Gamblin  |  | 13b. MOTHER'S MAIDEN NAME<br>Susie Stokes   |   |
| 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)<br>No   |  | 16. SOCIAL SECURITY NO.<br>None   |   |
| 17. INFORMANT<br>Alvin Gamblin-Cape Girardeau, Mo.  |                           | 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Repealed hemorrhage</u><br>DUE TO (b) <u>HYPOADRENITIS</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>4222 |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" 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<br>Hour Month, Day, Year<br>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 Death occurred at <u>4:40 A.M.</u> on <u>2/18/59</u> to <u>2/19/59</u> and last saw her alive on <u>2/18/59</u> m of the date stated above; and to the best of my knowledge, from the causes stated. |                           |   |  |   |   |
| 22a. SIGNATURE<br><u>Alvin Gamblin MD</u>   |                           | 22b. ADDRESS<br><u>Cape Girardeau, Mo.</u>  |  | 22c. DATE SIGNED<br><u>2/19/59</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial   |                           | 23b. DATE<br>Feb. 20, 1959  |  | 23c. NAME OF CEMETERY OR CREMATORY<br>Lorimier Cemetery   |   |
| 23d. LOCATION (City, town, or county)<br>Cape Girardeau, Missouri   |                           | 24. FUNERAL DIRECTOR<br>T. J. Hanna-Cape Girardeau, Mo.   |  | 25. DATE RECD. BY LOCAL REG.<br>Feb. 28 1959  |   |
| 26. REGISTRAR'S SIGNATURE<br>Mrs. Homer Cooper  |                           |   |  |   |   |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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.....

P. O. Address.....

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.