

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3102-62-023045
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. _____

FILED JUL 6 1962

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 35 yrs.	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Saint Lukes Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 815 W. 53rd Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Harry Middle M. Last Gambrel			4. DATE OF DEATH Month June Day 11 Year 1962			
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Dec. 31, 1896	9. AGE (last birthday) 65	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Months _____ Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance - Mann - Kline Ins. Co.		10b. KIND OF BUSINESS OR INDUSTRY Kentucky		11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Ora Lee Gambrel		13b. MOTHER'S MAIDEN NAME Florence Rupp		13c. NAME OF HUSBAND OR WIFE Katherine S. Gambrel		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I and II			INFORMANT Katherine S. Gambrel Address Kay Gambrell, 815 W. 53rd, K. C., Mo.			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) Chronic obstructive pulmonary emphysema INTERVAL BETWEEN ONSET AND DEATH more than 20 yrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) asthma + chronic bronchitis same

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? 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 Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 _____, to _____, and last saw her/him alive on _____.
Death occurred at _____ m on the day stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John M. Singleton MD		22b. ADDRESS 2500 JOHNSON DRIVE SHAWNEE MISSION, KANSAS		22c. DATE SIGNED 6/12/62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6-12-62	23c. NAME OF CEMETERY OR CREMATORY Forest Hill	23d. LOCATION (City, town, or county) Kansas City, Mo.	
24. FUNERAL DIRECTOR Stine & McClure Kansas City, Missouri		25. DATE RECD. BY LOCAL REG. 6-12-62	26. REGISTRAR'S SIGNATURE Ruth H Long	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED	6-19-62
INSTEAD OF	Kay Gambrel
BY AFFIDAVIT OF	Funeral Home
MEDICAL CERTIFICATION	J. W. Singleton
ITEM NO. - SHOULD READ	14 & 17 Katherine S. Gambrel

VS 300 Rev. 4/59
1
23 728
3
4
5 1
6
7 1
8 0
9 502.0
10
11
12 66-0
13

July 31 1969
248 Pleasant Hill Blvd.
Dr. John H. Thompson
Apt 1-1641
1:30 - 5 p.m.
2500 Johnson Dr.

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 Behan W Meeker

Licensed Embalmer No. 5078

P. O. Address KC, 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.