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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED NOV 8 1948

Registration District No. **128**

Primary Registration District No. **2000**

1. PLACE OF DEATH:

(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**St. Johns Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **7 days**  
(Specify whether years, months or days)  
In this community **7 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Stone**  
(c) City or town **Reeds Springs - Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **Rural**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME **ROSS GATTON**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Gertie Gatton** 6. (c) Age of husband or wife if alive **60** years

7. Birth date of deceased **December 8, 1888**  
(Month) (Day) (Year)

8. AGE: Years **59** Months **10** Days **23** If less than one day hr. min.

9. Birthplace **Fayetteville, Arkansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Public Street Car Operator**

MOTHER FATHER

12. Name **Francis Sigel Gatton**

13. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Laura Sheppard**

15. Birthplace **Unknown Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Gertie Gatton (wife)**

(b) Address **Reeds Springs, Missouri**

17. (a) **Removal** (b) Date thereof **11/1/1948**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Zion, Missouri**

18. (a) Signature of funeral director **Gorman-Scharpf Fun'l**

(b) Address **Springfield, Missouri**

19. (a) **11-3-48** (b) **W. J. Hurdley M.D.**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **1**, year **1948** hour **1** minute **15 A.M.**

21. I hereby certify that I attended the deceased from **10-25-1948** to **11-1-1948**  
that I last saw him alive on **10-31-1948**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocardial Infarction** Duration **3 days**

Due to **Reperfusion of coronary**  
**thrombotic infarction and fat**  
Due to **Cholera** **10-16-48**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **94W**

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home (Specify type of home) (e) Means of injury

23. Signature **[Signature]** M.D. **[Signature]**  
Address **Springfield, Missouri** Date signed **11/2/48**

13 AON

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.....

*Gene C. Hunter*

Registered Apprentice No. *291*

working under my personal supervision.

Signed *Lewis G. Harp*

Licensed Embalmer No. *3802*

P. O. Address *Springfield, 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 this body is not embalmed, fact should be so stated above.