No. 300
10-48

FILED FEB 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2183

BIRTH NO. _____ REG. DIST. NO. 279 PRIMARY REG. DIST. NO. 4415 Registrar's No. 3

82 0

1. PLACE OF DEATH
a. COUNTY: Pike
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville
c. LENGTH OF STAY (in this place): 7
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Abe J

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Pike 82
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarksville 0
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Abe
b. (Middle): J. S. J.
c. (Last): Stottlemyre
4. DATE OF DEATH (Month) (Day) (Year): Jan 31, 1949

5. SEX: Mal 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2
8. DATE OF BIRTH: Mar 1-1867
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months: 10 Days: 30 | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Joseph Stottlemyre
13b. MOTHER'S MAIDEN NAME: Lydia M. Gosby
14. NAME OF HUSBAND OR WIFE: ~~Wm Gattes~~ Hannibal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Wm Gattes | ADDRESS: Hannibal Mo

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) HEAD AND BODY INJURY

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) BEING ACCIDENTLY STRUCK BY
DUE TO (c) BURLINGTON LOCOMOTIVE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. VERDICT OF CORONERS JURY

INTERVAL BETWEEN ONSET AND DEATH: 0 / 2 / 0 / 35

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): ½ MI NORTH CLARKSVILLE
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): CLARKSVILLE PIKE MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): JAN 31 1949 11.45 Am.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? STRUCK BY TRAIN 82

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased* DEAD ~~alive~~ *on* JAN 31, 1949, *and that death occurred at* 11.45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. O. Mudd Coroner 3
23b. ADDRESS: Bowling Green Mo.
23c. DATE SIGNED: Feb-3-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feby 2
24c. NAME OF CEMETERY OR CREMATORY: New Canton Ill
24d. LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: 2/9-49
REGISTRAR'S SIGNATURE: Suda Rickard 256
25. FUNERAL DIRECTOR'S SIGNATURE: Harry Larrow | ADDRESS: Clarksville Mo

(Licensed Embalmer's Statement on Reverse Side)

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

#4

RECEIVED
District Health Officer No. 10
District File Number 2-49-27
Date Filed FEB 14 1949

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 .....
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 this body is not embalmed, fact should be so stated above.