

FILED OCT 31 1949

STANDARD CERTIFICATE OF DEATH

6115 State File No. 36015

BIRTH NO. REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 136

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY New Madrid	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sikeston, Mo	
d. FULL NAME OF HOSPITAL OR INSTITUTION Matthews, Mo R.F.D.#1		d. STREET ADDRESS (If rural, give location) Matthews, Mo R.F.D.#1	
3. NAME OF DECEASED (Type or Print) Linda		c. (Last) Gates	
a. (First)		4. DATE OF DEATH (Month) (Day) (Year) 9 27 49	
5. SEX F		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S	
6. COLOR OR RACE W.		8. DATE OF BIRTH 4/22/48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 5 Days 5 IF UNDER 24 HRS. Hours Min. 	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) R.F.D.#1 Matthews, Mo	
13a. FATHER'S NAME Ernest Gates		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13b. MOTHER'S MAIDEN NAME Hazel Nance		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) No		16. SOCIAL SECURITY NO. X	

13a. FATHER'S NAME **Ernest Gates** 13b. MOTHER'S MAIDEN NAME **Hazel Nance** 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) **No** 16. SOCIAL SECURITY NO. **X** 17. INFORMANT'S SIGNATURE OR NAME **Ernest Gates #1 Matthews Mo** ADDRESS

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperpyrexia		ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Temperature 109.4		1888	
Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **9/27**, 19**49**, to **9/27**, 19**49**, that I last saw the deceased alive on **9/27**, 19**49**, and that death occurred at **2 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE **James C. McClure** (Degree or title) 23b. ADDRESS **Sikeston, Mo** 23c. DATE SIGNED **10/7/49**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **9/28/49** 24c. NAME OF CEMETERY OR CREMATORY **Matthews Cemetery** 24d. LOCATION (City, town, or county) **Matthews, Mo** (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE **Oct 20 1949 Mrs. Ella Hunter** 25. FUNERAL DIRECTOR'S SIGNATURE **Larry James Sikeston Mo** ADDRESS

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

OCT 24 19
RECEIVED
District Health Office No.
District File Number: 1049-10
Date Filed

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 John Allerton
Licensed Embalmer No. 7941
P. O. Address St. Antonio

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.