

FILED APR 6 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 8155

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>50</u>			
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> d. COUNTY <u>Grundy</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>12 years.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		<u>0402</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>160 S. MAIN</u>				d. STREET ADDRESS (If rural, give location) <u>160 S. MAIN.</u>					
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Garland</u>		b. (Middle) <u>John</u>		c. (Last) <u>Gates.</u>			
4. DATE OF DEATH		(Month) <u>MAR</u>		(Day) <u>16</u>		(Year) <u>1951</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Nov. 26 1908</u>			
9. AGE (In years last birthday) <u>42</u>		IF UNDER 1 YEAR Months <u>3</u>		IF UNDER 24 HRS. Days <u>18</u>		Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Machinist + Welder.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mechanic</u>		11. BIRTHPLACE (State or foreign country) <u>Ridgeway, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>			
13a. FATHER'S NAME <u>John M. Gates</u>		13b. MOTHER'S MAIDEN NAME <u>Kattie Keech</u>		14. NAME OF HUSBAND OR WIFE <u>MARtha LEE GATES</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>487-10-6338</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Glenn Gates (Bro)</u>		ADDRESS <u>Trenton, Mo.</u>			
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, ashenia, 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) <u>Carcinoma of prostate and large intestine</u>				ANTECEDENT CAUSES					
DUE TO (b) _____				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS					
Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>177X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>5 March, 1951</u> , to <u>16 March, 1951</u> , that I last saw the deceased alive on <u>16 March, 1951</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph M. Luciani M.D.</u>				23b. ADDRESS <u>Trenton, Mo.</u>		23c. DATE SIGNED <u>19 March 51</u>			
24a. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 19, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Trinity Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Trenton Mo.</u>			
DATE REC'D BY LOCAL REG. <u>3/19/51</u>		REGISTRAR'S SIGNATURE <u>Irene Fair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>115 0 DAVIS-BLACKMORE</u>		ADDRESS <u>TRENTON, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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



**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 \_\_\_\_\_

*Doyle E. Williamson*

working under my personal supervision.

Student Embalmer No. 422

Signed *Doyle E. Williamson*  
Student Embalmer

Signed *Raymond A. Davis*

Licensed Embalmer No. 3424

P. O. Address *Quinton, Mo*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)**

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