

FILED AUG 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27570

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 438

1. PLACE OF DEATH a. COUNTY Linn		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Linn	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marceline	
d. FULL NAME OF HOSPITAL OR INSTITUTION None		d. STREET ADDRESS (If rural, give location) 213 E Chicago	

3. NAME OF DECEASED (Type or Print) a. (First) Oliver	b. (Middle) Ray	c. (Last) Gates	4. DATE OF DEATH (Month) (Day) (Year) Aug. 23, 1951
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 27, 1880	9. AGE (In years) (Month) (Day) 70	IF UNDER 1 YEAR 8 Months 26 Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (State or foreign country) Chariton County, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Simon Gates	13b. MOTHER'S MAIDEN NAME Jennie Ponto	14. NAME OF HUSBAND OR WIFE Rosa D Gates
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 495-09-9884	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs Harold Girdner, Brookfield,
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cor Pulmonale, Cor Pulmonale Decomp DUE TO (c) Severe Emphysema		
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	20. AUTOPSY? 4200 YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec**, 19**49**, to **8-23**, 19**51**, that I last saw the deceased alive on **8-23**, 19**51**, and that death occurred at **12:01** m., from the causes and on the date stated above.

23a. SIGNATURE (Design or title) John W. Smith M.D.	23b. ADDRESS Marceline, Mo	23c. DATE SIGNED 8-24-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/25/51	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	24d. LOCATION (City, town, or county) (State) Marceline, Mo.
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DATE REC'D BY LOCAL REG. Aug 24 '51	REGISTRAR'S SIGNATURE Mary Jane Owen	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS James McLaughlin Marceline, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

581
1

Date Received: **AUG 28 1951**
DISTRICT HEALTH OFFICE #2
District File Number *8-57-1507*
Date Filed: **AUG 28 1951**

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 *George W. Davalt*

Licensed Embalmer No. *4799*

P. O. Address *Marquette, Me*

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.