

No. 300
10. 48

FILED JUN 20 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19571**
REG. DIST. NO. **43** PRIMARY REG. DIST. NO. **3007**
Registrar's No. **276**

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived, (If institutional, residence before admission). a. STATE Mo. b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 1919 Sullivan	
d. FULL NAME OF HOSPITAL OR INSTITUTION Poplar Bluff Hosp.			
3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Gatewood c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 31, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 20, 1914
9. AGE (In years last birthday) 38		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Freight Handler	11. BIRTHPLACE (State or foreign country) Fisk, Mo.
10a. USUAL OCCUPATION		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Stanford Gatewood		13b. MOTHER'S MAIDEN NAME Ella Summerlot	
14. NAME OF HUSBAND OR WIFE Pauline Smith Gatewood			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Pauline Gatewood, St. Louis, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arsenic Poison ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) accidental drinking a DUE TO (c) Weed killer for wine II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. E 8860 14	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 128	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Poplar Bluff Butler Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 31 - 52830P		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? Was drinking weed killer instead of wine			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30P m. , from the causes and on the date stated above.			
23a. SIGNATURE Ernest W. Gagar 3		23b. ADDRESS Poplar Bluff Mo	
23c. DATE SIGNED June 7 - 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-3-52	
24c. NAME OF CEMETERY OR CREMATORIUM Unknown		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. June 9, 1952		REGISTRAR'S SIGNATURE Wm. H. Johnson	
428-1		25. FUNERAL DIRECTOR'S SIGNATURE V.A. Stock Undertaking Co.	
ADDRESS 2117 E. Grand		ADDRESS St. Louis, Mo.	

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

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RECEIVED
JUN 18 1952

BUTLER CO. HEALTH CENTER

FILE No. 652-310

NOV 20 1952

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 Wallace R Knight

Licensed Embalmer No. 4514

P. O. Address 412 Vine St. Ogden

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.