No. 300
10.48

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19922

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 59

272
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH
a. COUNTY: COOPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE
c. LENGTH OF STAY (in this place): ~~10 YEARS~~
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. JOSEPH. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: COOPER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOONVILLE MO
d. STREET ADDRESS (If rural, give location): 519 1/2 MORGAN

0292
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3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EDGAR.
c. (Last): GATES

4. DATE OF DEATH (Month) (Day) (Year): JUNE 21 1952

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: FEB 15-1897
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months ~~4~~ Days ~~6~~ — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SAW SHOP
10b. KIND OF BUSINESS OR INDUSTRY: SHARPENER.
11. BIRTHPLACE (State or foreign country): SUMMERVILLE MO
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Wm TAYLOR GATES
13b. MOTHER'S MAIDEN NAME: MARY. E. MOORE
14. NAME OF HUSBAND OR WIFE: VERNA. GATES ~~BUCKLES~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD WAR I
16. SOCIAL SECURITY NO.: 490-05-9362
17. INFORMANT'S SIGNATURE OR NAME: MRS JAMES EDGAR. GATES — ADDRESS: BOONVILLE 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): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ± 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease — ± 3 years
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: 4-2-01
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) m.
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* 1-1-50, 19__, *to* 1-21, 1952, *that I last saw the deceased alive on* 1-20, 1952, *and that death occurred at* 1 20/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. M. Stuart M.D.
23b. ADDRESS: 329 Main St. Boonville, MO
23c. DATE SIGNED: 1-22-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: JUNE 24-52
24c. NAME OF CEMETERY OR CREMATORY: SUMMERVILLE
24d. LOCATION (City, town, or county) (State): SUMMERVILLE MO

DATE REC'D BY LOCAL REG.: 6-23-52
REGISTRAR'S SIGNATURE: D. Hooper 381
25. FUNERAL DIRECTOR'S SIGNATURE: Goodman & Boller. — **ADDRESS**: Boonville MO

(Licensed Embalmer's Statement on Reverse Side)

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 J H Goodman

Licensed Embalmer No. 1178

P. O. Address Boonville Mo

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.