

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **41780**

FILED JAN 2 1953

BIRTH NO. _____ REG. DIST. NO. **65** PRIMARY REG. DIST. NO. **5250** Registrar's No. **45**

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

1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY CHARITON	
b. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK		c. CITY (If outside corporate limits, write RURAL and give township) BRUNSWICK TOWNSHIP	
d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL HOME		d. STREET ADDRESS (If rural, give location) 1 MI.-N.E. OF BRUNSWICK	
3. NAME OF DECEASED (Type or Print) a. (First) ELMER b. (Middle) E (Last) GATES		4. DATE OF DEATH (Month) (Day) (Year) 12-27-1952	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, DIVORCED, OR WIDOWED SINGLE	8. DATE OF BIRTH 12-18-1887
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER	11. BIRTHPLACE (City and State or Foreign Country) BRUNSWICK MO
12a. FATHER'S NAME GEORGE GATES		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13b. MOTHER'S MAIDEN NAME ELIZABETH SMALL		14. NAME OF HUSBAND OR WIFE SINGLE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) YES 1st WORLD WAR		16. SOCIAL SECURITY NO. 1	
17. INFORMANT'S SIGNATURE OR NAME OMER GATES		ADDRESS BRUNSWICK 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun Shot in Head over Right Ear ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Juvenile Ins. Gallbl. R. 4/1 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 E976 X	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) BRUNSWICK TP. CHARITON MO.		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Dec. 27-1952 2A	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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 2A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. L. Bennett, Coroner of Chariton County, Mo.		23b. ADDRESS 1227/52	
23c. DATE SIGNED 12/27/52			
24. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-29-1952	
24c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE		24d. LOCATION (City, town, or county) (State) BRUNSWICK MO	
DATE REC'D BY LOCAL REG. 12-29-52		REGISTRAR'S SIGNATURE Mildred Boone	
25. FUNERAL DIRECTOR'S SIGNATURE L. H. Merrill		ADDRESS Brunswick Mo	

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JAN 14 1936

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

L. W. Weisal

Licensed Embalmer No.

823

P. O. Address

Brunswick 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.