

FILED SEP 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26803

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>845</u>				
1. PLACE OF DEATH a. COUNTY GREENE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI				b. COUNTY GREENE		
b. CITY (If outside corporate limits, write RURAL and give town) SPRINGFIELD		c. LENGTH OF STAY (in this place) township) _____		c. CITY OR TOWN SPRINGFIELD		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
d. FULL NAME OF HOSPITAL OR INSTITUTION 2117 N PARK				STREET ADDRESS (If rural, give location) 2117 N. PARK				<u>0396</u>		
3. NAME OF DECEASED (Type or Print)		a. (First) DELSIE		b. (Middle) LOUISE		c. (Last) GATES		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 7, 1954		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 1922 31 OCT. 1922		9. AGE (In years last birthday) 31 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY IN HOME			11. BIRTHPLACE (City and State or Foreign Country) MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME EFTON MESSENGER			13b. MOTHER'S MAIDEN NAME AUDIE WHITTENBERG			14. NAME OF HUSBAND OR WIFE CLYDE GATES				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or type of service)			16. SOCIAL SECURITY NO. (7)			17. INFORMANT'S SIGNATURE OR NAME CLYDE GATES			ADDRESS SPRINGFIELD, 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) metastatic carcinoma						INTERVAL BETWEEN ONSET AND DEATH 12 mo		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of Cervix						2 yrs		
		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						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		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 <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 8-12, 1953 , to 9-7, 1954 , that I last saw the deceased alive on 9-7, 1954 , and that death occurred at 11:35P m., from the causes and on the date stated above.										
23a. SIGNATURE (Degree or title) Michael J. Blank, M.D.				23b. ADDRESS 1630 JEFFERSON SPRINGFIELD, MISSOURI				23c. DATE SIGNED 9-9-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-10-54		24c. NAME OF CEMETERY OR CREMATORY PLEASANT HILL CEMETERY		24d. LOCATION (City, town, or county) (State) POLK COUNTY, MISSOURI				
DATE REC'D BY LOCAL REG. 9-10-54		REGISTRAR'S SIGNATURE Edith Williamson			25. FUNERAL DIRECTOR'S SIGNATURE Ed Klingner & Co.			ADDRESS SPRINGFIELD, MO.		

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 21 1954

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.....
Signature of Student Embalmer

Signed *Ogden Stone Jr.*

Licensed Embalmer No. *4126*

P. O. Address *Springfield*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

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