

31808

STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED SEP 21 1954

State File No. 8322

XC-1 846 255

SL- 2352

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 8322

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (In this place) 34 days		c. CITY OR TOWN TAYLORVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Veterans Administration Hosp.		e. STREET ADDRESS (If rural, give location) RR #4		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES			b. (Middle) -		
c. (Last) GATTON			4. DATE OF DEATH (Month) (Day) (Year) 9-9-54		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 1-23-1896		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Giv'e kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (City and State or Foreign Country) Taylorville, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Charles A. Gatton		13b. MOTHER'S MAIDEN NAME Mattie Durbin	
14. NAME OF HUSBAND OR WIFE Flossie Gatton		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-I		16. SOCIAL SECURITY NO. 356-05-4920	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, 915 N. Grand, St. Louis, Mo		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH UNK.	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ARTERIOSCLEROTIC HEART DISEASE, CARDIAC FAILURE		ANTECEDENT CAUSES DUE TO (b) THROMBOSIS OF PORTAL VEIN (INCOMPLETE (LY FILLING LUMEN))		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 checked="" type="checkbox"/> NO <input type="checkbox"/>		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from 8-6-54 , 19___, to 9-9-54 , 19___, the date of death and that death occurred at 7:00 a.m. , from the causes and on the date stated above.		23a. SIGNATURE J. T. Kaminskas (Degree or title)	
23b. ADDRESS M.D. VA Hosp. 915 N. Grand, St. Louis, Mo.		23c. DATE SIGNED 9-9-54		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL - MOTOR	
24b. DATE 9-10-54		24c. NAME OF CEMETERY OR CREMATORY ANDERSON CEM.		24d. LOCATION (City, town, or county) (State) TAYLORVILLE, ILL.	
DATE REC'D BY LOCAL REG. SEP 10 1954		REGISTRAR'S SIGNATURE Carl Smith		25. FUNERAL DIRECTOR'S SIGNATURE SOUTHERN FUNERAL HOME	
ADDRESS 6322 S. GRAND		(Licensed Embalmer's Statement on Reverse Side)			

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

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 *Francis J. [Signature]*

Licensed Embalmer No. 451

P. O. Address 6322 So. E.

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.