No. 300
10.48

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

FILED AUG 12 1955

# THE DIVISION OF HEALTH, OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 21897

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5480 Registrar's No. 115

**1. PLACE OF DEATH**
a. COUNTY: Grundy
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R.F.D 1 Trenton Twp
c. LENGTH OF STAY (In this place): life.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Family Home Rt. 1 Trenton

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Grundy
c. CITY OR TOWN: Trenton
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Route 1. 0400

**3. NAME OF DECEASED** (Type or Print)
a. (First): Cyrus
b. (Middle):
c. (Last): Gates

**4. DATE OF DEATH** (Month) (Day) (Year): July 18 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married.
**8. DATE OF BIRTH**: Aug 1 1885
**9. AGE** (In years last birthday): 69 — If under 1 year: Months 11, Days 18 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: Agriculture
**11. BIRTHPLACE** (City and State or Foreign Country): Grundy Co. Mo.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.
**13a. FATHER'S NAME**: James Gates.
**13b. MOTHER'S MAIDEN NAME**: Lydia Lunbeck.
**14. NAME OF HUSBAND OR WIFE**: Fannie Gates.
**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): —
**16. SOCIAL SECURITY NO.**: ~~496~~-40-8677
**17. INFORMANT'S SIGNATURE OR NAME**: Fannie Gates — ADDRESS:

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Spleen — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b)

DUE TO (c) 2002

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 ☐ 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 April 15th 1955, to July 18th 1955, that I last saw the deceased alive on July 18th, 1955, and that death occurred at 7:30 A m., from the causes and on the date stated above.

**23a. SIGNATURE** (Degree or title): Oliver F. Duffy M.D.
**23b. ADDRESS**: Trenton Mo.
**23c. DATE SIGNED**: July 21 1955

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 20 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Walnut Grove cemetery
**24d. LOCATION** (City, town, or county) (State): R.F.D. Trenton, Mo.

**DATE REC'D BY LOCAL REG.**: 7-20-55
**REGISTRAR'S SIGNATURE**: Irene Davis 115
**25. FUNERAL DIRECTOR'S SIGNATURE**: Gordon Blackmore — **ADDRESS**: Trenton, 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 emb

by me, or by ....., Student Embalmer No. 5/

working under my personal supervision..

Student. Claude H. Crandall Jr.
Signature of Student Embalmer

Signed J. Gordon Blackmo

Licensed Embalmer No. 46

P. O. Address Trenton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.