

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32971**

FILED NOV 14 1955

BIRTH NO. _____ REG. DIST. NO. **137** PRIMARY REG. DIST. NO. **3023** Registrar's No. **13**

1. PLACE OF DEATH a. COUNTY HENRY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY HENRY			
b. CITY (If outside corporate limits, write RURAL and give township) CLINTON		c. LENGTH OF STAY (In this place) 1 WK		c. CITY OR TOWN CLINTON		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CLINTON GENERAL HOSPITAL				e. STREET ADDRESS (If rural, give location) WALKER TWP. 0420			
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL TAYLOR b. (Middle) GATES c. (Last) GATES			4. DATE OF DEATH (Month) (Day) (Year) NOV. 7, 1955				
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH FEB. 19, 1881		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 8 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 		11. BIRTHPLACE (City and State or Foreign Country) MONROSE, MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WYO A. GATES		13b. MOTHER'S MAIDEN NAME VIRGINA BLACKBURN DECEASED.		14. NAME OF HUSBAND OR WIFE 			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 489-38-2407		17. INFORMANT'S SIGNATURE OR NAME Charles Gates, Clinton, Mo. 644 ADDRESS 			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Chronic Myocarditis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201					INTERVAL BETWEEN ONSET AND DEATH 12 hours. 2 years. 2 years.	
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)		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) (Min.)		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 11/4 , 19 55 , to 11/7 , 19 55 , that I last saw the deceased alive on 11/7 , 19 55 , and that death occurred at 11:00 P. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Dr. R. S. Hollinger, M.D.				23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 11/10/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 10, 55		24c. NAME OF CEMETERY OR CREMATORY Wapewell Cemetery		24d. LOCATION (City, town, or county) (State) Monrose, Mo.	
DATE REC'D BY LOCAL REG. 11-10-55		REGISTRAR'S SIGNATURE Mildred Bigoni		521 25. FUNERAL DIRECTOR'S SIGNATURE N. D. Vansant		ADDRESS Clinton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 21 1956

DEC 14 1955

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 *H. A. Vansant*.....

Licensed Embalmer No. *377*

P. O. Address *Clinton*

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.