

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16361**  
**2163**

FILED JUN 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>19 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mission Township</u> <u>3150</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Joseph Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2730 West 83rd Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Theodore</u>	c. (Last) <u>Gates</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 17, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>March 5, 1870</u>	9. AGE (In years last birthday) <u>86</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Richfield Wisconsin</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Cornelius Gates</u>	13b. MOTHER'S MAIDEN NAME <u>Angeline Smith</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Eva Gates</u>	ADDRESS <u>2730 W 83 Kansas City, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Renal Failure (Uremia)</u>		<u>About</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of the Prostate Gland</u> DUE TO (c) _____		<u>3 wks. unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>177X</u>	
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 April 26 1956, to May 17, 1956 that I last saw the deceased alive on May 17, 1956, and that death occurred at 10:15 Pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert Negro</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>1222 McGee St. Kansas City, Mo.</u>	23c. DATE SIGNED <u>5-18-56</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 21, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Joseph Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shawnee Kansas</u>
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DATE REC'D BY LOCAL REG. <u>5-18-56</u>	REGISTRAR'S SIGNATURE <u>Evva Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J Royce Hoge</u>	ADDRESS <u>Overland Park</u>
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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 .....  
Student Embalmer

Signed

*J. Royce Hoge*

Licensed Embalmer No.

*3579*

P. O. Address

*Oakland Park*

**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.