

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 14 1957

State File No. **95**
Registrar's No. **36**

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY OR TOWN Mexico		c. LENGTH OF STAY (in this place) 12 hrs	c. CITY OR TOWN Thompson
d. FULL NAME OF HOSPITAL OR INSTITUTION Audrain County Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS R. F. D. 1		ADT D	
3. NAME OF DECEASED a. (First) Elmer		b. (Middle) _____	
c. (Last) Gatewood		4. DATE OF DEATH (Month) (Day) (Year) Feb. 8 1957	
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 9, 1878
9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 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) Audrain County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Jefferson Gatewood	
13b. MOTHER'S MAIDEN NAME Margaret Gilbert		14. NAME OF HUSBAND OR WIFE Mildred Gatewood	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Gatewood		ADDRESS Thompson, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, arteria, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremic Coma	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemiplegia		INTERVAL BETWEEN ONSET AND DEATH 2 days	
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? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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) _____		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 March 10, 1957 , to Feb 7, 1957 , that I last saw the deceased alive on Feb 7, 1957 , and that death occurred at 6:48 m., from the causes and on the date stated above.	
23a. SIGNATURE Chloria [Signature]		23b. ADDRESS Thompson Mo	
23c. DATE SIGNED 2-8-57		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 2-10-57		24c. NAME OF CEMETERY OR CREMATORY Midway Cemetery	
24d. LOCATION (City, town, or county) (State) Audrain County, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Arnold Funeral Home	
25. ADDRESS Mexico, Mo.		DATE REC'D BY LOCAL REG. Feb 8-1957	
REGISTRAR'S SIGNATURE Blanche Neely		25. ADDRESS Arnold Funeral Home Mexico, Mo.	

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

MAR 18 1957

MAR 26 1957

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 *Ray Miller*.....

Licensed Embalmer No. *449*

P. O. Address *Mexico*

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.