

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0222180  
State File No.

FILED JUN 19 1957

BIRTH NO. _____		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>130</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>				
b. CITY OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (In this place) <u>18 days</u>		c. CITY OR TOWN <u>Rural Cockrell Township</u>		0210		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woodland Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3 mi. So. West of Bynumville</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Frankie</u> b. (Middle) <u>Katherine</u> c. (Last) <u>Gatterman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14, 1957</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 23, 1890</u>		
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months <u>    </u> Days <u>    </u>		IF UNDER 24 HRS. Hours <u>    </u> Min. <u>    </u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cockrell Township, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>Edward Franklin Welch</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Hayes</u>		14. NAME OF HUSBAND OR WIFE <u>Martin Luther Gatterman</u>			
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>XX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Martin Luther Gatterman</u>		ADDRESS <u>Bynumville Mo.</u>		
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uperonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Asplenectomy 1 year</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input 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) _____		446' x"		
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 <u>July</u> , 19 <u>56</u> , to <u>June</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>June 13, 1957</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>W. H. Miller</u> (Degree or title) _____				23b. ADDRESS <u>Moberly Mo.</u>		23c. DATE SIGNED <u>June 15 57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/16/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fitzgerald Cemetery</u>		24d. LOCATION (City, town, or county) <u>Chariton County, Mo.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>6/15/57</u>		REGISTRAR'S SIGNATURE <u>E. G. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas B. Winhelmer</u> ADDRESS <u>Springfield Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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1931 FEB 27

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

*Chas B Winkelmyer*

Licensed Embalmer No. 3842

P. O. Address Salisbury, Mo.

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.