

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031584
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 311

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Putnam	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Powersville 0860
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Laughlin Hosp		Length of stay in lb 4 da	d. STREET ADDRESS (If outside, give location) 0860
3. NAME OF DECEASED (Type or print) First Middle Last Elizabeth Burnette Gatrel			4. DATE OF DEATH Month Day Year Sept. 20, 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH July 19, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Hiram Yeater		13b. MOTHER'S MAIDEN NAME Bell Burnette	14. NAME OF HUSBAND OR WIFE deceased
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. none	17. INFORMANT Address Mrs. Fred Watson-Powersville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE CIRCULATORY FAILURE			INTERVAL BETWEEN ONSET AND DEATH UNKNOWN
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DECOMPENSATED ARTERIOSCLEROTIC VASCULAR DISEASE			"
DUE TO (c) 4500F			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) INTER TROCHANTERIC FRACTURE L. FEMUR			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) FELL IN YARD AT HOME	
20c. TIME OF INJURY Hour Month, Day, Year a.m. 9-11-58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) AT HOME	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE PO POWERSVILLE - Mo.	
21. I attended the deceased from 9-12-58 to 9-20-58 and last saw ^{him} alive on 9-20-58 Death occurred at 9:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Paul Laughlin Jr. Do?		22b. ADDRESS Powersville, Mo.	22c. DATE SIGNED 10-3-58
23a. BURIAL, CREMATION, REMOVAL (Specify) B.	23b. DATE Sept. 23, 58	23c. NAME OF CEMETERY OR CREMATORY Powersville Cem.	23d. LOCATION (City, town, or county) (State) Powersville Mo.
24. FUNERAL DIRECTOR F.O. Husted & Son-Unionville, Mo.		25. DATE RECD. BY LOCAL REG. 10-6-58	26. REGISTRAR'S SIGNATURE Doris W. Ratliff

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *Murl E. Husted*

Licensed Embalmer No. *3304*

P. O. Address *Unsmalle*

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.