THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002228

STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 238 Primary Registration District No. 4345 4355 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY New Madrid
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Mathews — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home, Mathews, Mo. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY New Madrid
c. CITY OR TOWN Mathews c 736 — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First Lillie Middle Mae Last Gatewood
4. DATE OF DEATH: Month Jan. Day 21 Year 1959
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: Oct. 26, 1870
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (City and state or country): Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jess Edwards
14. MOTHER'S MAIDEN NAME: Lucinda ?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Ruth Winters Address: St. Louis, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 331x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 21-59 Jan 21-59 and last saw her ~~him~~ alive on Jan 21-59
Death occurred at 3 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas C. McClure
22b. ADDRESS: Bekeston, Mo.
22c. DATE SIGNED: 1-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 23, 1959
23c. NAME OF CEMETERY OR CREMATORY: Pleasant Grove
23d. LOCATION (City, town, or county) (State): Greene County Ark.

24. FUNERAL DIRECTOR ADDRESS: Irby Funeral Home Rector, Ark.
25. DATE RECD. BY LOCAL REG.: 27 Jan 1959
26. REGISTRAR'S SIGNATURE: Fay Hedgspeth

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.