

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013071

Registration District No. 137 Primary Registration District No. 3023 STATE FILE NUMBER
 MAY 11 1959 Registrar's No. 111

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Henry	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clinton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Urich 0420 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Clinton General Hosp.		Length of stay in 1b 12 Days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Rufus Middle Belt Last Gates			4. DATE OF DEATH May 2, 1959 Month May Day 2 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 3, 1871	9. AGE (In years last birthday) 87 IF UNDER 1 YEAR: Months 10 Days 29 IF UNDER 24 HRS: Hours 0 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Montrose, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Anderson Gates	13b. MOTHER'S MAIDEN NAME Virginia Blackburn	14. NAME OF HUSBAND OR WIFE Deceased
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address 6610 Wanonga Ter. Missour, Kansas Mrs. Charles R. Johnson
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease Myocarditis, Chronic Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) 1 yr. DUE TO (c) 1 yr.		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) H200		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour 05 Month, Day, Year May 2, 1959 a.m. p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Clinton, Mo. COUNTY Henry STATE Mo.
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21. I attended the deceased from Jan 1957 to May 2-59 and last saw her alive on May 2-59 Death occurred at 11:05 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. M. McIntyre, M.D. (Dobson or title)	22b. ADDRESS Clinton, Mo.	22c. DATE SIGNED 5-4-59
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23a. BURIAL, CREMATION, OR OTHER (Specify) Burial	23b. DATE May 5, 1959	23c. NAME OF CEMETERY OR CREMATORY Hopewall Cemetery	23d. LOCATION (City, town, or county) (State) Montrose, Mo. RFD.
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24. FUNERAL DIRECTOR H. A. Tansack ADDRESS Clinton, Mo.	25. DATE RECD. BY LOCAL REG. 5-4-59	26. REGISTRAR'S SIGNATURE Mildred Bigum
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 20 1960

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 *H. A. Vansant*

Licensed Embalmer No. *3779*

P. O. Address *Baltimore, Md.*

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.