

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037021

FILED VS OCT 19 1959

STATE FILE NUMBER

Registration District No. 231 Primary Registration District No. _____ Registrar's No. 230

ENDED

1. PLACE OF DEATH a. COUNTY <u>Madison</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Burlington Junction</u>		Length of stay in 1b <u>7 yrs</u>	c. CITY OR TOWN <u>Burlington Jct.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <u>(if outside, give location)</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>CLEMENT ALLEN GATES</u>			4. DATE OF DEATH Month Day Year <u>OCT 14 1959</u>			
5. SEX <u>M</u>	6. COLOR OR RACE <u>Wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-7-1857</u>	9. AGE (last birthday) <u>102</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>KIETH BURG, ILL.</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>SETH GATES</u>		13b. MOTHER'S MAIDEN NAME <u>LYDIA ANDREWS</u>		14. NAME OF HUSBAND OR WIFE <u>MATTIE DWIGHT GATES</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.		17. INFORMANT Name <u>Mrs. Branch Abin Burl. Jct Mo</u> Address _____		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary atherosclerosis</u>		<u>Minutes</u>
DUE TO (b) <u>Coronary sclerosis</u>		<u>?</u>
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <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	COUNTY STATE

21. I attended the deceased from _____ to 10/14/59 and last saw her alive on _____
Death occurred at 10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>D. F. Brant MD</u>		22b. ADDRESS <u>Manville MO</u>	22c. DATE SIGNED <u>10/16/59</u>
23a. BURIAL, CREMATION, REBIVAL (Specify) <u>Burial</u>	23b. DATE <u>10-17-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Braddyville Cemetery</u>	23d. LOCATION (City, town, or county) <u>Braddyville Iowa</u>
24. FUNERAL DIRECTOR <u>W. Mass Burlington Jct MO</u>		25. DATE RECD. BY LOCAL REG. <u>10-16-59</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

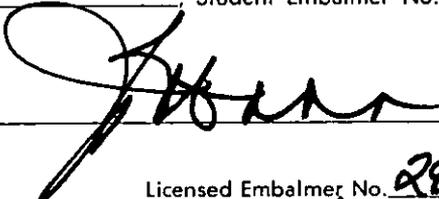
MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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  _____
Licensed Embalmer No. 2265

P. O. Address Burlington

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.