

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-029546

FILED VS AUG 31 1960

STATE FILE NUMBER

Registration District No. le Primary Registration District No. 5031 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Montgomery</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Cuvre Twp</u>		Length of stay in 1b	c. CITY OR TOWN <u>Middletown Prairie Twp</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Junt. HY BB &amp; W</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>RR #1</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>FRANCES WILLARD GATEWOOD</u>			4. DATE OF DEATH Month Day Year <u>AUG. 23, 1960</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar. 5 1902</u>	9. AGE (last birthday) IF UNDER 1 YEAR IF UNDER 24 HR <u>58</u> Months <u>5</u> Days <u>18</u> Hours <u></u> Min.	
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>at home</u>	11. BIRTHPLACE (City and state or country) <u>Adams Co, Ill</u>		12. CITIZEN OF WHAT COUNTRY <u>US A</u>
13a. FATHER'S NAME <u>Oliver B. Lease</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Waters</u>		14. NAME OF HUSBAND OR WIFE <u>Leonard Gatewood</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 <u>Leonard Gatewood, Middletown, Mo</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basilar fracture of skull</u>					INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Automobile collision</u>			
20c. TIME OF INJURY <u>5:20</u> Hour a.m. p.m. <u>8.23.60</u> 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.) <u>Farm Rd BB + WW</u>	20f. CITY, TOWN, OR LOCATION <u>Cuvre Twp</u>		COUNTY <u>Audrain</u>	STATE <u>Missouri</u>
21. I attended the deceased from <u>never</u> to _____ and last saw him alive on _____ Death occurred at <u>5:20</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>William H. Frazier</u>			22b. ADDRESS <u>112 N. Clark, Marseilles</u>		22c. DATE SIGNED <u>8.26.60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>Aug 27, 1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Fairmont Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Middletown, Missouri</u>	
24. FUNERAL DIRECTOR <u>Wells Funeral Home, Wellsville, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Aug 27 1960</u>	26. REGISTRAR'S SIGNATURE <u>Mattie Frazier</u>		

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  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Howard J. Myers

Licensed Embalmer No. 4494

P. O. Address Wellsville

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.