

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027111

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 176

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 16 1963

1. PLACE OF DEATH a. COUNTY <u>Audrain</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Mexico</u> Length of stay in 1b <u>4 days</u> c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION _____ Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Audrain</u> c. CITY OR TOWN <u>Vandalia, Mo.</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS <u>108 E. Walsh</u> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
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3. NAME OF DECEASED (Type or print) First Middle Last <u>Pearl Cordelia Gatson</u>			4. DATE OF DEATH Month Day Year <u>July 2, 1963</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</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>5/21/1878</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ 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 _____		11. BIRTHPLACE (City and state or country) <u>Ralls Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry Butler</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Waddell</u>			14. NAME OF HUSBAND OR WIFE <u>James T. Gatson</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. _____		17. INFORMANT Address <u>Willoughby Gatson, Vandalia, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Infection</u> DUE TO (b) <u>Pulmonary Embolism</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>24 hours</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Death massive Colitis</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	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT - SUICIDE HOMICIDE <input 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.) _____	
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 <u>June 28, 63</u> to <u>July 2, 63</u> and last saw her alive on <u>July 2, 63</u> Death occurred at <u>11:35 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.		

22a. SIGNATURE (Degree or title) <u>R. O. Swan MD</u>	22b. ADDRESS <u>Vandalia, Mo.</u>	22c. DATE SIGNED <u>7-8-63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 3, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Vandalia Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Vandalia Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>William B. Waters, Vandalia, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>July 9-1963</u>	26. REGISTRAR'S SIGNATURE <u>Blanche Keely</u>
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(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59
 1 0047
 2 0041
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 4 1
 5 2
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 7 0
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 11
 12 90-2
 13 2-0
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 SHOULD READ
 BY AFFIDAVIT OF
 DATE AMENDED
 DOCUMENT
 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON
 K. D. Swan, M.D.

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 William B. Vinton

Licensed Embalmer No. 4169
P.O. Address Vandalia, Missouri

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.