

1956 THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15497**

BIRTH NO. _____ REG. DIST. NO. **11** PRIMARY REG. DIST. NO. **5044** Registrar's No. **36**

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) --a. STATE MISSOURI b. COUNTY BARRY 0050	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WASHBURN 1		c. CITY OR TOWN WASHBURN	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Walker b. (Middle) Owen c. (Last) GATES		4. DATE OF DEATH (Month) (Day) (Year) 5-20-56	

5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH DEC, 1, 1875	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 5 Days 20	IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and State or Foreign Country) BETHANY, MD		12. CITIZEN OF WHAT COUNTRY? USA.	

13a. FATHER'S NAME JAMES O. GATES	13b. MOTHER'S MAIDEN NAME MARY E. CASEBOLT	14. NAME OF HUSBAND OR WIFE DORA E. GATES
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Ruth Vanderpool ADDRESS Washburn, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus		10 Minutes
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Heart Disease DUE TO (c) _____		10 years.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Apr 15, 1955**, to **Apr. 28, 1956**, that I last saw the deceased alive on **Apr. 28, 1956**, and that death occurred at **5:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. E. McDaniel, M.D. 2	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 5-21-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 5-24-56	24c. NAME OF CEMETERY OR CREMATORY WASHBURN PRAIRIE	24d. LOCATION (City, town, or county) (State) BARRY County, Mo
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DATE REC'D BY LOCAL REG. 5-21-56	REGISTRAR'S SIGNATURE Grace Williams	25. FUNERAL DIRECTOR'S SIGNATURE DAVIS-WILLIAMSON ADDRESS CASSVILLE, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 556-94

DATE REC. 5-28-56

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 M. self Student Embalmer No.
working under my personal supervision..

Student
Signature of Student Embalmer

Signed Raymond A. Davis
Licensed Embalmer No. 342

P. O. Address Cassville

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.