

REC'D MAY 19 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH14979  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Missouri Registration District No. 1055  
 (b) Township Consenters Primary Registration District No. 6271  
 (c) City Cross Timbers, Mo (d) Street No. \_\_\_\_\_ St.  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John S. Gates  
 (Usual place of abode, if no street address, write county or city) St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Gates</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 22, 1887</u>		
7. AGE	YEARS <u>57</u>	MONTHS <u>7</u>
	DAYS <u>16</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Mason</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Auburn Kansas</u>		
FATHER	13. NAME <u>David M. Gates</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>	
MOTHER	15. MAIDEN NAME <u>Maggie Hartzel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Ada Gate</u> <u>Cross Timbers, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Auburn</u> DATE <u>5/1/39</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>R. L. Huber</u> <u>Wheatland, Mo.</u>		
20. FILED <u>May 11, 1939</u> <u>Homer Phillips</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1939

22. I HEREBY CERTIFY That I attended deceased from May 7, 1939 to May 8, 1939  
 I last saw him alive on May 8, 1939 Death is said to have occurred on the date stated above, at 3:00 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic myocarditis  
& heart  
124  
 Date of onset 1936

Other contributory causes of importance:  
Chronic Green Liver 1936

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Examine Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_ (Signed) L. G. Hloose, M. D.  
929 (Address) Wabona, Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARON RESERVED FOR BINDING

V. S. 20-2.  
30M-7-20-37  
I 1 X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 11 1953

STATEMENT BY LICENSED EMBALMER

I, JR Luckey, Licensed Embalmer No. 2982

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....  
working under my personal supervision.

Signed JR Luckey  
Licensed Embalmer No. 2982

**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.)**