No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20375
State File No.

BIRTH NO. REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 5841 Registrar's No. 8

73 0 0

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural East Buffalo
c. LENGTH OF STAY (In this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1/2 mile so. of Dessa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural East Buffalo
d. STREET ADDRESS (If rural, give location): 1/2 mile so. of Dessa

73 0 3

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Kate
c. (Last): Gatton

4. DATE OF DEATH (Month) (Day) (Year): July 3 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Oct. 24, 1865
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Francis C. Williams
13b. MOTHER'S MAIDEN NAME: Sarah E. Fullerton
14. NAME OF HUSBAND OR WIFE: Riley D. Gatton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: ------
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Carrie Knox
ADDRESS: Seneca, Mo. rt. 1

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-2, 1947, *to* 7-3, 1949, *that I last saw the deceased alive on* 7-1, 1949, *and that death occurred at* 1:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. L. Whitehead M.D.
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: 7-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1949
24c. NAME OF CEMETERY OR CREMATORY: Zion Cemetery
24d. LOCATION (City, town, or county) (State): Lawrence County, Missouri

DATE REC'D BY LOCAL REG.: 7-5-49
REGISTRAR'S SIGNATURE: Phyllis Brite
25. FUNERAL DIRECTOR'S SIGNATURE: W E Biddlecome
ADDRESS: Seneca Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Newton C. Hall
District Health Officer No. Lamb
District File Number 249-122
Date Received July 8
Date Filed JUL 8 1949

FEB 6 1958

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 .....
Student Embalmer

Signed W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca Mo

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 this body is not embalmed, fact should be so stated above.