

FILED SEP 9 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

25959

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>255</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Adair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (in this place) <u>59 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Brashear</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CNH #1</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u>		b. (Middle) <u>M</u>		c. (Last) <u>GATTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24 1949</u>	
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>Mar 24, 1870</u>	
9. AGE (In years last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 4 HRS. Hours <u>6</u> Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (State or foreign country) <u>Leon Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Gatton</u>		13b. MOTHER'S MAIDEN NAME <u>Matilda Lewis</u>		14. NAME OF HUSBAND OR WIFE <u>not known</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. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jessie M. Gant Brashear Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and debility</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pyloric obstruction</u> DUE TO (c) <u>Carcinoma of stomach</u>  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>8 wks</u> <u>15 1/2</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		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 <u>June 28</u> , 19 <u>49</u> , to <u>Aug 24</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 24</u> , 19 <u>49</u> , and that death occurred at <u>5:30am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M.T. Guterbach D.O.</u>				23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>8-24-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-26-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brashear</u>		24d. LOCATION (City, town, or county) (State) <u>Brashear, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-29-49</u>		REGISTRAR'S SIGNATURE <u>Wate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Foster P. Eady Brashear Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1  
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RECEIVED SEP 6 1949  
District Health Officer N  
District File Number 9-49-  
Date Filed SEP 6 1949

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, ~~only~~ \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Carroll M. Billo

Licensed Embalmer No. 4375

P. O. Address Kirkville, 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.