

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **37785**

FILED DEC 1 1949

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

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 4260		Registrar's No. 62	
1. PLACE OF DEATH a. COUNTY KNOX				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY KNOX			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BARING		c. LENGTH OF STAY (in this place) 50 YRS.		c. CITY (if outside corporate limits, write RURAL and give township) OR TOWN BARING			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN			b. (Middle) GATTON			c. (Last)	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Sept 30, 1878	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER & PAINTER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Downing Missouri		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME HILBARY GATTON		13b. MOTHER'S MAIDEN NAME JULIA A. KELLER		14. NAME OF HUSBAND OR WIFE MARY GATTON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes SPANISH AMERICAN		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Gatton Baring Mo.			
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) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mos. 4501	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) m.		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 June , 19 77 , to now , 19 49 , that I last saw the deceased alive on May 15, 1949 , and that death occurred at 5:45 Am. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) J. F. Schertz M.D.				23b. ADDRESS Barboursville Missouri		23c. DATE SIGNED 11/21/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE Nov. 23, 1949		24c. NAME OF CEMETERY OR CREMATORY ST. Aloysius Cemetery		24d. LOCATION (City, town, or county) (State) BARING Mo.	
DATE REC'D BY LOCAL REG. Nov 24-49		REGISTRAR'S SIGNATURE Willie S. Hunt		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Kieckhafer			

DEC 5 1949

RECEIVED NOV 28 1949
District Health Officer No. 10
District File Number 11-49-199
Date Filed NOV 28 1949

General Embalmer
Mount Pleasant

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

Paul C. Freyhauser

Licensed Embalmer No. 4085

P. O. Address Edina, 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.