

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42489

State File No. 10570

FILED DEC 27 1949

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10570

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place) 45 Yrs		d. STREET ADDRESS (If rural, give location) 1469a Arlington	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1469a Arlington			

3. NAME OF DECEASED (Type or Print) a. (First) Fannia b. (Middle) Vernon c. (Last) Gatlin			4. DATE OF DEATH (Month) (Day) (Year) Dec 7, 1949		
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH March 20, 1869	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 24 HRS. Hours Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Charleston, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Rev. Isaac A. Vernon	13b. MOTHER'S MAIDEN NAME Mary Highfellow	14. NAME OF HUSBAND OR WIFE Rev. Steven M. Gatlin
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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 Mrs. Ruth Gatlin Willits	ADDRESS 1469a Arlington
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days 10-15 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute bacterial pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO: (b) <u>enility and arterio</u> DUE TO: (c) <u>sclerotic heart disease</u>		
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) 92
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Heart failure</i>
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22. I hereby certify that I attended the deceased from 6-10-1948, to 12-7-1949, that I last saw the deceased alive on 12-3-1949, and that death occurred at 6 A. M., from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. Farster M.D.</i>	(Degree or title)	23b. ADDRESS 7266 Manchester, Maplewood	23c. DATE SIGNED 12/8/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Dec. 8, 1949	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Paragould, Ark.
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25. REC'D BY LOCAL REG. 1949	REGISTRAR'S SIGNATURE <i>J. B. Farster</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Wanda ...</i>	ADDRESS 6175 Silma B.
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr 744885 office at 2
Res 742307 Home

City

Dr Sleeking John G
7266 Manchester
after 2

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 Jos. E McCulloch

Licensed Embalmer No. 2460

P. O. Address St Louis 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.