

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27674

State File No.

BIRTH NO. REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Iowa b. COUNTY Page	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarinda	
c. LENGTH OF STAY (in this place) 3 WKS.		d. STREET ADDRESS (If rural, give location) 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) IRA	b. (Middle) TOLBERT	c. (Last) GATES	4. DATE OF DEATH (Month) (Day) (Year)
				6 24 50

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11/27/65	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant - retired	10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (State or foreign country) Keithsburg, Illinois/	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Seth Gates	13b. MOTHER'S MAIDEN NAME Lydia Beals Andrews	14. NAME OF HUSBAND OR WIFE dec. Effie E. Giddings Gates
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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 Vern Gates, Maryville, Missouri	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 3 15 min
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stroke		
	DUE TO (c) Coronary occlusion		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **May 25, 1950**, to **June 24, 1950**, that I last saw the deceased alive on **June 24, 1950**, and that death occurred at **6 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. A. G. G. G.	23b. ADDRESS M. D. O. Maryville, Missouri	23c. DATE SIGNED 6/26/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/26/50	24c. NAME OF CEMETERY OR CREMATORY Elmo	24d. LOCATION (City, town, or county) (State) Elmo, Missouri
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DATE REC'D BY LOCAL REG. 7-8-50	REGISTRAR'S SIGNATURE Kearns Holt	25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

742



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 Robert L. Souter

Licensed Embalmer No. 4787

P. O. Address Marionville, 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.