

FILED SEP 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29465**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 10 23

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY Buchanan				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. LENGTH OF STAY (in this place) 30 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs' Hospital		d. STREET ADDRESS (If rural, give location) 1011 No. 12th						
3. NAME OF DECEASED a. (First) Thomas F. G			b. (Middle) F.	c. (Last) Gatts	4. DATE OF DEATH (Month) (Day) (Year) Sept. 7, 1950			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-18-1895	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) grocer		10b. KIND OF BUSINESS OR INDUSTRY retail grocery store		11. BIRTHPLACE (State or foreign country) St. Joseph, Mo.		12. CITIZEN OF WHAT COUNTRY? US		
13a. FATHER'S NAME James Gatts		13b. MOTHER'S MAIDEN NAME Dee Hall		14. NAME OF HUSBAND OR WIFE Emma Gatts				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 500-09-6881		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Emma Gatts St. Joseph, 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 Thrombosis				INTERVAL BETWEEN ONSET AND DEATH. 1 hr		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis				unknown		
		DUE TO (c)				4501		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus				unknown		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (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>25 Aug, 1950</u> , to <u>7 Sept, 1950</u> , that I last saw the deceased alive on <u>7 Sept, 1950</u> , and that death occurred at <u>9:45P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Clarence P. Johnson M.D.				23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8 Sept 50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-11-50	24c. NAME OF CEMETERY OR CREMATORY Mt. Mora		24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.			
DATE REC'D BY LOCAL REG. Sept 11, 1950		REGISTRAR'S SIGNATURE G. B. Jenkins		382 30 25. FUNERAL DIRECTOR'S SIGNATURE Heaton Bowman		ADDRESS St. Joseph, Mo.		

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

0117

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

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *William J. Galderis*

Licensed Embalmer No. *4535*

P. O. Address *319 S. 11th St. Joseph, 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.