

34335

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 17 1950

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 318

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Pettis</u>	
b. CITY OR TOWN <u>Sedalia</u>	c. LENGTH OF STAY (in this place) <u>22 yrs</u>	c. CITY OR TOWN <u>Sedalia Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 N. Lamine</u>		d. STREET ADDRESS (If rural, give location) <u>601 N. Lamine</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Gene</u>	b. (Middle) <u>Fletcher</u>	c. (Last) <u>Gatewood</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9-28-1950</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>11-29-1926</u>	9. AGE (in years last birthday) <u>24</u>	IF UNDER 1 YEAR Months	IF UNDER 24 hrs. Hours	Min.
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10a. USUAL OCCUPATION (What kind of work does during most of working life, even if retired?) <u>Oil</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unable to work</u>	11. BIRTHPLACE (State or foreign country) <u>Sedalia Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
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13a. FATHER'S NAME <u>William Gatewood</u>	13b. FATHER'S MAIDEN NAME <u>Gladys Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Single</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>World war #2</u>	16. SOCIAL SECURITY NO. <u>10-111-1111</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Gatewood</u>	ADDRESS <u>6017th</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pulmonary T.B.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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)
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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?
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22. I hereby certify that I attended the deceased from 9-18-1950, to 9-24-1950, that I last saw the deceased alive on 9-24-1950, and that death occurred at 6:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. R. Maddox, M.D.</u>	23b. ADDRESS <u>116 1/2 West Main</u>	23c. DATE SIGNED <u>9-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-2-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Annex</u>	24d. LOCATION (City, town, or county) (State) <u>Sedalia, Pettis Mo</u>
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DATE REC'D BY LOCAL REG. <u>10-2-1950</u>	REGISTRAR'S SIGNATURE <u>R. H. ...</u>	FUNERAL DIRECTOR'S SIGNATURE <u>D. Ferguson</u>	ADDRESS <u>Sedalia Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 10/16/58
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 10-16-58

NOV 7 1958

10/16/58

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 F. H. Ferguson

Licensed Embalmer No. 2172

P. O. Address Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.