

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27578

State File No.

ED SEP 9 - 1952

BIRTH NO. _____ REG. DIST. NO. 96 PRIMARY REG. DIST. NO. 5350 Registrar's No. 40

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

1. PLACE OF DEATH a. COUNTY <u>Dallas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>URBANA</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>URBANA</u> <u>0300</u>	
c. LENGTH OF STAY (In this place) <u>5295</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Carlton</u>	b. (Middle) <u>Roskey</u>	c. (Last) <u>Gatliff</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-29-52</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>July 31 - 1873</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>28</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FURNITURE</u>	11. BIRTHPLACE (State or foreign country) <u>Severson, Ill.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Reece B. Gatliff</u>	13b. MOTHER'S MAIDEN NAME <u>Harriett Wilder</u>	14. NAME OF HUSBAND OR WIFE <u>Nell J. Gatliff</u>
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15. WAS DECEASED IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Nell Gatliff</u>	ADDRESS <u>URBANA MO</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Chronic uremia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-vascular remodeling</u> DUE TO (c) <u>senility</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 <u>442X</u>	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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 29, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 7:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Deputy or title) <u>Carlton Roskey</u>	23b. ADDRESS <u>Urbana Mo</u>	23c. DATE SIGNED <u>8-30-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-31-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bowers Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Dallas Co MO</u>
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DATE REC'D BY LOCAL REG. <u>9-2-52</u>	REGISTRAR'S SIGNATURE <u>Ernie Peters</u>	50-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vaughan-Rice</u>	ADDRESS <u>Urbana</u>
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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.

Signed Allen W. Vaughan

Signed.....
Student Embalmer

Licensed Embalmer No. 4156

P. O. Address Urbana, 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.