

STANDARD CERTIFICATE OF DEATH

8772

State File No. ....

FILED MAR 23 1953

BIRTH NO. REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 84

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

1. PLACE OF DEATH a. COUNTY <b>Boone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Columbia 0105</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>301 North 5<sup>th</sup> St</b>		d. STREET ADDRESS (If rural, give location) <b>301 N 5<sup>th</sup> 0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Edward</b> b. (Middle) <b>Gatewood</b> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <b>3 15 1953</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>6.22.1872</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Painter-paper hangar</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Decorator</b>	11. BIRTHPLACE (State or foreign country) <b>Howard Co. Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>John Gatewood</b>	13b. MOTHER'S MAIDEN NAME <b>Do Not Know</b>	14. NAME OF HUSBAND OR WIFE <b>SINGLE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lena Huzary</b>	ADDRESS <b>Columbia Mo</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebrovascular accident</b>		INTERVAL BETWEEN ONSET AND DEATH <b>few minutes</b>
	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 <b>331X</b>	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) m.	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 **Jan**, 19**53**, to **Mar 14**, 19**53** that I last saw the deceased alive on **Jan 29**, 19**53**, and that death occurred at **3:15 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Neely Neely M.D.</b> (Degree or title)	23b. ADDRESS <b>Suitors Bldg Columbia</b>	23c. DATE SIGNED <b>17 Mar 53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3-18-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodland</b>	24d. LOCATION (City, town, or county) (State) <b>Nicholsdale Mo.</b>
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DATE REC'D BY LOCAL REG. <b>Mar 18 1953</b>	REGISTRAR'S SIGNATURE <b>Mrs. R.E. Palmer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>A.C. Freeman</b>	ADDRESS <b>606 Park Columbia Mo.</b>
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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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed A. C. Freeman

Licensed Embalmer No. 2837

P. O. Address Columbia

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.