

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **5580**

FILED MAR 15 1954

BIRTH NO.		REG. DIST. NO. <b>245</b>	PRIMARY REG. DIST. NO. <b>5836</b>	Registrar's No. <b>22</b>
1. PLACE OF DEATH a. COUNTY <b>NEWTON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>NEWTON</b>		
b. CITY (If outside corporate limits; write RURAL and give township) OR TOWN <b>NEOSHO</b>		c. LENGTH OF STAY (In this place) <b>2 YRS</b>	c. CITY OR TOWN <b>Neosho</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>SMITH Best Home</b>		e. STREET ADDRESS (If rural, give location) <b>Gen Del 01320</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Le Roy</b>		b. (Middle) <b>-</b>	c. (Last) <b>GATES</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>MARCH 7-1954</b>
5. SEX <b>0</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>5-27-1881</b>	9. AGE (In years last birthday) Months Days Hours Min. <b>72 9 10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>IOWA</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>UNKNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Widowed</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs E.A. Burger Adel Iowa</b>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Idiopathic High blood pressure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>60 DAYS</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>pulmonary Embolism</b>		<b>12 hrs</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>444x</b>			20. AUTOPSY? YES <input 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)	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 <b>JAN 12, 1954</b> , to <b>3-7</b> , 1954, that I last saw the deceased alive on <b>3-7</b> , 1954, and that death occurred at <b>11:00 P.M.</b> , from the causes and on the date stated above.				
23a. SIGNATURE <b>Melvin C. Pullough</b>		(Degree or title)	23b. ADDRESS <b>2 Sav. Bk Bldg. Neosho Mo</b>	23c. DATE SIGNED <b>3/8/54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>3-8-54</b>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <b>DALLAS CENTER IOWA</b>	
DATE REC'D BY LOCAL REG. <b>3-8-54</b>	REGISTRAR'S SIGNATURE <b>Melvin C. Bowman</b>	22330	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>CLARK-BIGHAM MORTUARY</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 17 1954

**RECEIVED**

**NEWTON COUNTY HEALTH UNIT**

District Health Officer No. \_\_\_\_\_

District File Number 354-39

Date Filed MAR 12 1954

**NEOSHO, MISSOURI**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision..

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jesse Sullivan Jr.  
Licensed Embalmer No. 464

P. O. Address Neosho, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (F  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.