

No. 300
10. 48

FILED AUG 17 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29684
Registrar's No. 42

BIRTH NO. _____		REG. DIST. NO. 378		PRIMARY REG. DIST. NO. 6285		Registrar's No. 42	
1. PLACE OF DEATH a. COUNTY <i>W Right</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <i>mo</i> b. COUNTY <i>Wright</i>			
b. CITY OR TOWN <i>mtm Grove Township</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>mtm Grove</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>1140</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <i>mtm Grove Township</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Lon</i> b. (Middle) <i>E.</i> c. (Last) <i>Gates</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 28 1954</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>Feb 2 1875</i>	
9. AGE (20 years last birthday) <i>79</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (20 years last birthday) <i>79</i> 10. MONTHS <i>5</i> 11. DAYS <i>26</i>	
11. BIRTHPLACE (City and State or Foreign Country) <i>Spencer, Iowa</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13a. FATHER'S NAME <i>William Gates</i>		13b. MOTHER'S MAIDEN NAME <i>not known</i>	
14. NAME OF HUSBAND OR WIFE <i>Rachel Gates</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>A.E. Gates</i>	
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* <i>Probably Coronary Arteriosclerosis</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4201</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <i>viewed</i> , 19 <i>July 30</i> , 19 <i>54</i> , that I last saw the deceased alive on <i>July 30</i> , 19 <i>54</i> , and that death occurred at <i>mtm Grove</i> , <i>mo</i> , on the date stated above.							
23a. SIGNATURE <i>Frank Grable</i>				23b. ADDRESS <i>Caravan mtm Grove, mo</i>		23c. DATE SIGNED <i>8-1-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>8-3-54</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Hillcrest</i>		24d. LOCATION (City, town or county) (State) <i>mtm Grove mo</i>	
DATE REC'D BY LOCAL REG. <i>8-7-54</i>		REGISTRAR'S SIGNATURE <i>A.E. Gates</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Grable-Whitely</i>		ADDRESS <i>mtm Grove, mo</i>	

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

County File Number 8-16-54
Date Filed 8-16-54

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.....
Signature of Student Embalmer

Signed Frank Goble

Licensed Embalmer No. 414

P. O. Address 17th St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.