

FILED JUL 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18380**

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY Grundy		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe Twp.	
c. LENGTH OF STAY (In this place) 41 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION Susan's Nursing Home		d. STREET ADDRESS (If rural, give location) RFD 1 Chillicothe	

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Ellen	c. (Last) Gatts	4. DATE OF DEATH (Month) (Day) (Year) June 13, 1955
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5. SEX Fem.	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 4, 1869	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and State or Foreign Country) Blue Mound, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME John Runion	13b. MOTHER'S MAIDEN NAME Dorothy Allen	14. NAME OF HUSBAND OR WIFE Thomas H. Gatts (dec)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. XX	17. INFORMANT'S SIGNATURE OR NAME Mrs. Albert Jones, Chillicothe, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Do not know Do not know
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) Arthritis DUE TO (c) 4500		
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)	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 **May 3, 1955** to **June 13, 1955**, that I last saw the deceased alive on **June 11, 1955**, and that death occurred at **5:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D. (Degree or title)	23b. ADDRESS Trenton Mo.	23c. DATE SIGNED June 14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE June 15, 1955	24c. NAME OF CEMETERY OR CREMATORY Catholic cemetery	24d. LOCATION (City, town, or county) (State) Chillicothe, Mo.
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DATE REC'D BY LOCAL REG. 6-15-55	REGISTRAR'S SIGNATURE J. Rene Fair	25. FUNERAL DIRECTOR'S SIGNATURE Arnold Hodges ADDRESS Chillicothe Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Ronald Jordan*

Licensed Embalmer No. 4191

P. O. Address *Chittenden 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.