

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

22746

State File No.

0.300
0.48

FILED AUG 2 - 1955

BIRTH NO. _____ REG. DIST. NO. 17.5 PRIMARY REG. DIST. NO. 3.236 Registrar's No.

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

1. PLACE OF DEATH a. COUNTY Lawrence b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Aurora c. LENGTH OF STAY (in this place) d. FULL NAME OF HOSPITAL OR INSTITUTION Aurora Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stone c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Crane d. STREET ADDRESS (If rural, give location) City of Crane	
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3. NAME OF DECEASED a. (First) Iona b. (Middle) _____ c. (Last) Gatten			4. DATE OF DEATH (Month) (Day) (Year) July 26, 1955				
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov. 6, 1868	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work		10b. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) Lawrence County		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Joe B. Browning		13b. MOTHER'S MAIDEN NAME Susan Ervin		14. NAME OF HUSBAND OR WIFE Bill Gatten	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO None		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Loren Gatten Crane, Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Deeep wound (Shrapnel) 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. E9030 20						INTERVAL BETWEEN ONSET AND DEATH 6 days 6 days	
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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) Fall, Striking Chair's arm		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Crane Stone 104 Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7 20 55 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Slipped on rug, striking head on chair's arm	

22. I hereby certify that I attended the deceased from July 20, 1955, to July 26, 1955, that I last saw the deceased alive on July 25, 1955, and that death occurred at 10 a. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) R. S. Cowan M.D.		23b. ADDRESS Aurora, Mo		23c. DATE SIGNED 7/27/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/28/55		24c. NAME OF CEMETERY OR CREMATORY Springriver Cemetery		24d. LOCATION (City, town, or county) (State) Verona, Missouri.	

DATE REC'D BY LOCAL REG. 7-30-55		REGISTRAR'S SIGNATURE Orsa Mc Natt		55		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul J. Marshall Aurora, Missouri.	
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Lawrence
 Aurora
 Aurora Hospital
 Iowa
 Des Moines
 House-work
 Joe B. Browning
 none
 none
 Susan Bravin
 Bill Gatten
 Lawrence County
 U.S.A.
 Gatten
 Nov. 8, 1888
 28
 July 26, 1888
 City of Crane
 Crane
 Missouri

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

[Handwritten Signature]

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten Signature]

Licensed Embalmer No. 3812

P. O. Address *[Handwritten Address]*

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.

7/28/22

1912

Missouri, St. Louis