

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

33657

State File No.

No. 300

10-48

FILED NOV 14 1955

BIRTH NO. 35691-35 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 429

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>	c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Nickman Mills</u>	d. Is Residence within limits of a city or incorporated town? <u>Yes</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1525 Sterling</u>		e. STREET ADDRESS (If rural, give location) <u>11128 Englewood Road</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Laura</u> b. (Middle) <u>Jean</u> c. (Last) <u>Gately</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11-3-55</u>	
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>June 2, 1955</u>
9. AGE (In years last birthday) <u>0</u>	IF UNDER 1 YEAR Months <u>5</u> Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>John R. Gately Jr.</u>		13b. MOTHER'S MAIDEN NAME <u>Carmen J. Force</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John R. Gately Jr. Nickman Mills</u>	
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) <u>Acute Bronchiolitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Natural Causes</u> DUE TO (c) <u>491X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongolian Idiocy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>36 hrs.</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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) <u>Independence Jackson Mo</u>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	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 <u>11-3</u> , 19 <u>55</u> , to _____, 19____, that I last saw the deceased alive on <u>11-3</u> , 19 <u>55</u> , and that death occurred at <u>8 p m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Lockwell M.D.</u> (Degree or title)		23b. ADDRESS <u>11037 Wiggins Rd. Ind. Mo</u>	23c. DATE SIGNED <u>11-5-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Salentine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Nickman Mills Mo</u>
DATE REC'D BY LOCAL REG. <u>11-5-55</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	FUNERAL DIRECTOR'S SIGNATURE <u>E. K. George & Son Inc.</u> ADDRESS <u>Grandview Mo.</u>	

(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.....
Signature of Student Embalmer

Signed *Sterling E. Gooden*.....

Licensed Embalmer No. 49.....

P. O. Address *Grandview*.....

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.