

FILED DEC 12 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36147**

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **316**

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|------------------------------------------------------------------|-------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Callaway | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway | |
| b. CITY OR TOWN Fulton | c. LENGTH OF STAY (in this place) 5 Days | c. CITY OR TOWN New Bloomfield | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Callaway Hospital | | e. STREET ADDRESS (If rural, give location) Rural | |

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|----------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| 3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) T. c. (Last) Gathright | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec-7 1955 | | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED (Specify) | 8. DATE OF BIRTH Oct-2-1868 | 9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Month 2 Days 5 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | 11. BIRTHPLACE (City and State or Foreign Country) Near Mokane, Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |

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| 13a. FATHER'S NAME John T. Gathright | 13b. MOTHER'S MAIDEN NAME Betty Davis | 14. NAME OF HUSBAND OR WIFE Ida Newsom Gathright |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. None | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Gathright, New Bloomfield, Mo |

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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 3 days |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | 4343 |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Pneumonia | | 1 week |
| 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) |
| 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 **12-2**, 19**55**, to **12-7**, 19**55**, that I last saw the deceased alive on **12-6**, 19**55**, and that death occurred at **6:30** a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Virgil Gathright | 23b. ADDRESS Fulton Mo | 23c. DATE SIGNED 12-7-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE Dec-8-1955 | 24c. NAME OF CEMETERY OR CREMATORY Callaway Memorial Gardens |
| | | 24d. LOCATION (City, town, or county) (State) Fulton Mo |

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|--------------------------------------------|----------------------------------------------|-----|-------------------------------------------------------------------------------------|
| DATE REC'D BY LOCAL REG. Dec 7-1955 | REGISTRAR'S SIGNATURE Martha Lawrence | 426 | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Malheur Funeral Home, Fulton, Mo |
|--------------------------------------------|----------------------------------------------|-----|-------------------------------------------------------------------------------------|

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

FEB 23 1957

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 Alexander R. Masure, Student Embalmer No. 51 working under my personal supervision..

Student A.R. Masure
Signature of Student Embalmer

Signed Densil C. Browning

Licensed Embalmer No. 272

P. O. Address Fulton 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.