

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 30 1956

State File No. **2252**

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

BIRTH NO.		REG. DIST. NO. 274		PRIMARY REG. DIST. NO. 2052		Registrar's No. 81			
1. PLACE OF DEATH a. COUNTY Lettis				2. USUAL RESIDENCE (Where deceased lived. If limited residence before admission). a. STATE Missouri				b. COUNTY Lettis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia		c. LENGTH OF STAY (in this place) 18 min		c. CITY OR TOWN Sedalia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital				e. STREET ADDRESS (If rural, give location) Bothwell Hospital				08015	
3. NAME OF DECEASED (Type or Print) a. (First) Medlin			b. (Middle) Lee		c. (Last) Gates		4. DATE OF DEATH (Month) (Day) (Year) JAN 20-1956		
5. SEX Male		16. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH JAN 20-1956		9. AGE (In years last birthday) Months Days Hours Mins. 0 0 0 0 18	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Sedalia, Mo			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Leo Eugene Gates			13b. MOTHER'S MAIDEN NAME JANITA DRENNON			14. NAME OF HUSBAND OR WIFE None (Infant)			
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. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Gate Cross Timber, Mo.					ADDRESS
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* (a) Atelectasis, congenital						INTERVAL BETWEEN ONSET AND DEATH 18 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Frank breech presentation) Border-line pelvis							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						7620	
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 Jan 20, 1956 , to Jan 20, 1956 , that I last saw the deceased alive on Jan 20, 1956 and that death occurred at Am. , from the causes and on the date stated above.									
23a. SIGNATURE E. Rhodes, M.D.				23b. ADDRESS Warsaw, Mo.			23c. DATE SIGNED 1-20-56		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE JAN 21-56	24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Cross Timber, Mo				
DATE REC'D BY LOCAL REG. 1-21-56		REGISTRAR'S SIGNATURE Lavinia Coontz, Deputy			25. FUNERAL DIRECTOR'S SIGNATURE 251		ADDRESS S. West Phythaway - Wheatland, Mo		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Chas Gilbert Hathaway*.....

Licensed Embalmer No. *4267*.....

P. O. Address *Wentworth*.....

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.