

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2335**

No. 300
10-48

FILED FEB 7 1956

BIRTH NO. _____ REG. DIST. NO. **277** PRIMARY REG. DIST. NO. **4411** Registrar's No. **6**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Bowling Green		c. LENGTH OF STAY (in this place) 4 1/2 Mo.	c. CITY OR TOWN Eolia d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Pike County Home		STREET ADDRESS (If rural, give location) 0820	

3. NAME OF DECEASED (Type or Print) a. (First) Gordon	b. (Middle) Ray	c. (Last) Gatewood	4. DATE OF DEATH (Month) (Day) (Year) Ja, 29, 1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 15, 1878	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 8	IF UNDER 24 HRS. Days 14 Hours 14 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and State or Foreign Country) Ralls County Mo.	12. CITIZEN OF WHAT COUNTRY? US
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13a. FATHER'S NAME Wyatt Gatewood	13b. MOTHER'S MAIDEN NAME Fannie Watts	14. NAME OF HUSBAND OR WIFE -----
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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 Corwin O. Johnson ADDRESS Aurora, Ill.
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 24 days yes
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Embolus	DUE TO (b) End organ duties	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4201		

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) (Min.)	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 **Jan 1, 1956**, to **Jan 29, 1956**, that I last saw the deceased alive on **1-27, 1956** and that death occurred at **7 1/2 m.**, from the causes and on the date stated above.

23a. SIGNATURE J. M. Mathews (Doctor or title)	23b. ADDRESS Bowling Green Mo	23c. DATE SIGNED 1-30-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 31/56	24c. NAME OF CEMETERY OR CREMATORY Barkley Cemetery	24d. LOCATION (City, town, or county) (State) New London, Mo.
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DATE REC'D BY LOCAL REG. 2/1/56	REGISTRAR'S SIGNATURE Bill Robinson	25. FUNERAL DIRECTOR'S SIGNATURE Geo. M. Collier ADDRESS Louisiana
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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.....
Signature of Student Embalmer

Signed *Geo. M. Collier*.....

Licensed Embalmer No. *383*.....

P. O. Address *Louisiana*.....

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.