

Health,
Welfare
Public
Service

300
1-56

ALL
DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 30 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2035
STATE FILE NUMBER
Registrar's No. 786

Registration District No. 318 Primary Registration District 1003

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (where deceased lived. If institution: Residence before admission) a. STATE <i>Illinois</i> b. COUNTY <i>Sangamon</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>St. Louis</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Springfield</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. PAC. HOSP.</i>		d. STREET ADDRESS <i>1205 E. Converse</i> Length of stay in lb <i>32</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>THOMAS HENRY GATCHELL</i>		4. DATE OF DEATH <i>1/22/1958</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>11/27/1882</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Travel Bookkeeper</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	9. AGE (In years last birthday) <i>75</i>
11. BIRTHPLACE (City and state or country) <i>Hays Twnshp., Ill.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Harry Gatchell</i>		14. MOTHER'S MAIDEN NAME <i>Eunice Harp</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>--</i>		16. SOCIAL SECURITY NO. <i>702-092-808</i>	17. INFORMANT Address <i>Thelma Gatchell, 1205 E. Converse Springfield, Ill.</i>
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Perforated duodenal ulcer</i>			INTERVAL BETWEEN ONSET AND DEATH <i>20 hrs.</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>541.1</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) <i>Rt. Empyema Ch. pancreatitis</i>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <i>11/9/58</i> to <i>1/22/58</i> and last saw ^{her} him alive on <i>1/22/58</i> . Death occurred at <i>6:50 AM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clarence W. Gasto M.D.</i>		22b. ADDRESS <i>MO PAC EMP. HSP</i>	22c. DATE SIGNED <i>1-22-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE <i>1-22-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Local</i>	23d. LOCATION (City, town, or county) (State) <i>Springfield, Illinois.</i>
24. FUNERAL DIRECTOR ADDRESS <i>Albert H. Hoppe 4700 Washington, Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>JAN 22 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i>

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 *Robert M. Murray*

Licensed Embalmer No. *57*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.