

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039109

STATE FILE NUMBER

FILED DEC 2 1958 Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 262

1. PLACE OF DEATH a. COUNTY <u>Callaway</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, give TOWNSHIP only) OR TOWN <u>Fulton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Independence</u> <u>7000</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hosp. #1</u>		Length of stay in lb <u>13 yrs. 8 mo.</u>	d. STREET (If outside, give location) ADDRESS <u>Little Blue County Home</u>
			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)	<u>Jeremiah</u> <u>Clarence</u> <u>Gates</u>	4. DATE OF DEATH	<u>November 27, 1958</u>
	<i>First Middle Last</i>	Month	Day Year

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 18, 1880</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13. FATHER'S NAME <u>unk.</u>	14. MOTHER'S MAIDEN NAME <u>unk.</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unk.</u>	16. SOCIAL SECURITY NO. <u>unk.</u>	17. INFORMANT Address <u>State Hospital No. 1; Fulton, Missouri</u>
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary arteries emboli</u>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Lungs infarct embolic</u>	
	DUE TO (c) <u>Heart right auricle mural thrombi</u>	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>Acute pancreatitis with fat necrosis</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year a. m. p. m.	20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Fulton</u>	COUNTY <u>Mo</u>	STATE
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20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <u>Fulton</u>	COUNTY <u>Mo</u>	STATE
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21. <u>St. Hosp. #1</u> attended the deceased from <u>1-5-58</u> to <u>11-27-58</u> Death occurred at <u>11:15 a.m.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>H. G. Freund M.D.</u>	(Degree or title)	22b. ADDRESS <u>State Hospital No. 1, Missouri</u>	22c. DATE SIGNED <u>11-28-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Nov. 29, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Callaway Memorial</u>	23d. LOCATION (City, town, or county) (State) <u>Fulton Mo</u>
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24. FUNERAL DIRECTOR <u>Maupin Funeral Home</u>	ADDRESS <u>Fulton Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Nov. 29-1958</u>	26. REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>
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(Licensed Embalmer's Statement on Reverse Side)

health, Welfare public service
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symptoms were not tried. At
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

DEC 15 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. J. Passon

Licensed Embalmer No. 26

P. O. Address Fuller

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