

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Health,
Welfare
Public
Service

300

1-57

Registration District No. 291 Primary Registration District No. 4433 Registrar's No. 3

JAN 15 1959

1. PLACE OF DEATH a. COUNTY <u>Putnam</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Putnam</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Unionville</u>		c. CITY OR TOWN <u>Unionville</u> <u>0619</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2018 Washington St.</u>		d. STREET ADDRESS (If outside, give location) <u>2018 Washington St.</u>	
Length of stay in lb <u>19 Years</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>John Gatrel</u>			4. DATE OF DEATH Month Day Year <u>December 31, 1958</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>October 20, 1873</u>
9. AGE (In years last birthday) <u>85</u>		10. FUNDER YEAR IF UNDER 24 HRS. Months Days Hours Min. <u>2 11</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Street Buyer</u>	
11. BIRTHPLACE (City and state or country) <u>Putnam County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Henry T. Gatrel</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Louder</u>	
14. NAME OF HUSBAND OR WIFE <u>FLORENCE ANN GATREL</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT <u>Florence Ann Gatrel 2018 Washington St.</u>		Address <u>Unionville, Mo.</u>	
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>Aluminum Poisoning</u> <u>arteriosclerosis & hypertension</u> <u>& Chronic glomerulonephritis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Security</u>			<u>592X</u>
PART II. OTHER SIGNIFICANT CONDITION CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a))			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 <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.) <u>Dec 31 58</u>	
20f. CITY, TOWN, OR LOCATION <u>Unionville, Missouri</u>		COUNTY STATE	
21. I attended the deceased from <u>June 8-58</u> to <u>Dec 31-58</u> and last saw him alive on <u>Dec 31-58</u> . Death occurred at <u>2:47 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Chas L. Judd D.D.</u>		22b. ADDRESS <u>Unionville, Missouri</u>	
22c. DATE SIGNED <u>1/3/59</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/3/59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Powersville Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Powersville, Missouri</u>	
24. FUNERAL DIRECTOR BY <u>John D. Comstock</u> Comstock Funeral Home Unionville, Mo.		25. DATE RECD. BY LOCAL REG. <u>1-10-59</u>	
26. REGISTRAR'S SIGNATURE <u>Marshall Durbin</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Decay, color, etc. must use only standard nomenclature in item 18. No symptoms with be listed. All diseases in Part I must be causally related.

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 *John N. Comstock*

Licensed Embalmer No. *3291*
P. O. Address *Louisville, Mo*

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.