

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-045255  
STATE FILE NUMBER

FILED DEC 18 1958 Registration District No. 301 Primary Registration District No. 4450 Registrar's No. 636

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Doniphan</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Doniphan</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>804 Pine</b>		Length of stay in 1b <b>79</b>	d. STREET ADDRESS (If outside, give location) <b>804 Pine</b>

3. NAME OF DECEASED (Type or print) First Middle Last <b>Hattie Belle GATLIN</b>			4. DATE OF DEATH Month Day Year <b>Dec. 5, 1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>MARCH 19, 1879</b>	
9. AGE (In years last birthday) <b>79</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and state or country) <b>Ripley</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Aaron Price</b>		13b. MOTHER'S MAIDEN NAME <b>Kansas Bush</b>	14. NAME OF HUSBAND OR WIFE <b>HENRY GATLIN</b>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT <b>Herb Ballard</b>	Address <b>Doniphan</b>
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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) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 week</b>
DUE TO (b) <b>Hypertension &amp; Arteriosclerosis</b>		
DUE TO (c) _____		<b>3 years</b>
PART-II. OTHER SIGNIFICANT CONDITIONS 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 <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 <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
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21. I attended the deceased from **June 1958** to **Dec 5 1958** and last saw <sup>her</sup> <sub>him</sub> alive on **12/4/58**  
Death occurred at **4:30 A** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Frank C Johnson</b>	22b. ADDRESS <b>Doniphan, Mo</b>	22c. DATE SIGNED <b>12/8/58</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>12-7-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Doniphan Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Doniphan Missouri</b>
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24. FUNERAL DIRECTOR ADDRESS <b>EDWARDS FUNERAL HOME DONIPHAN, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>Dec. 9-1958</b>	26. REGISTRAR'S SIGNATURE <b>Flava Broz</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Thomas M. Emmons* .....

Licensed Embalmer No. *5064* .....

P. O. Address *Douglas, 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.