

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000012
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Adair	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kirksville TOWN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirksville 0013 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION K.O.H.		Length of stay in 1b 5 days	d. STREET ADDRESS 606 N. Elson (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John M. Middle Gates Last			4. DATE OF DEATH Month Jan. Day 25 Year 1959
5. SEX male 0	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 17, 1866
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		9b. KIND OF BUSINESS OR INDUSTRY insurance	9c. AGE (In years last birthday) 92
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired		10b. KIND OF BUSINESS OR INDUSTRY insurance	10c. BIRTHPLACE (City and state or country) Kirksville, Mo. 0
11. BIRTHPLACE (City and state or country) Kirksville, Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Erastus Gates		14. MOTHER'S MAIDEN NAME Ann Kiel	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address Washington Mrs. Craig L. Reddish D.C.
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction due to coronary sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis DUE TO (c) 4201H PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Carcinoma of esophagus, pernicious anemia, emphysema of lung			INTERVAL BETWEEN ONSET AND DEATH 5 years
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 11:30 Month, Day, Year 1959 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 1938 to Jan. 25 and last saw him alive on Jan 25, 1959 Death occurred at 11:30 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. T. Guterenson D.D.		22b. ADDRESS Kirksville Mo	22c. DATE SIGNED 2-4-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/28/59	23c. NAME OF CEMETERY OR CREMATORY Llewellyn Cemetery	23d. LOCATION (City, town, or county) (State) Kirksville, Mo.
24. FUNERAL DIRECTOR Davis & Davis-Kirksville		25. DATE RECD. BY LOCAL REG. 2-6-1959	26. REGISTRAR'S SIGNATURE Doris W. Rathoff

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

M. T. GUTERENSON D.D.

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. Coroner cannot certify to a death due to natural causes.

FEB 20 1959

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 B. Davis*.....

Licensed Embalmer No. *421*.....

P. O. Address. *Kirkville*.....

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.