

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002067

FILED FEB 3 1959 Registration District No. 200 Primary Registration District No. 3041 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Macon	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Macon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Atlanta <i>cut</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Samaritan Hosp		Length of stay in lb 2 days	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Middle Last JOHN WILLIAM GATES			4. DATE OF DEATH Month Day Year Jan 29, 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 3, 1865
9. AGE (In years less birthday) 93		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) Farmer		10b. KIND OF BUSINESS OR INDUSTRY no	11. BIRTHPLACE (City and state or country) (City Unknown) Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John Gates	
13b. MOTHER'S MAIDEN NAME Lucinda Miller		14. NAME OF HUSBAND OR WIFE Amy Gates	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. no	17. INFORMANT Address E. C. Nichols Excello, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probably - Cerebral Embolism, following Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Auricular fibrillation - DUE TO (c) Myocarditis + Cardiac asthma			INTERVAL BETWEEN ONSET AND DEATH immediate 2 days 3 or 4 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Urinary inflammation -			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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
21. I attended the deceased from 28 Jan 59 to 29 Jan 59 and last saw ^{him} alive on 29 Jan 59 Death occurred at 7:00 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Donald E Eggleston MD		22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 30 Jan 59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb. 1, 59	23c. NAME OF CEMETERY OR CREMATORY Bethel Cem.	23d. LOCATION (City, town, or county) (State) Macon, County, Mo.
24. FUNERAL DIRECTOR ADDRESS Lester Sutton Macon, Mo.		25. DATE RECD. BY LOCAL REG. 1/30/59	26. REGISTRAR'S SIGNATURE Ruth McNeely

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Charles J. Hutton*

Licensed Embalmer No. *4577*
P. O. Address *Macon, Ga*

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.