

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021364

FILED JUN 24 1959

Registration District No. 149

Primary Registration District No. 1002

STATE FILE NUMBER
Registral's No. 2900

300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hosp.		Length of stay in lb 60 yrs	d. STREET ADDRESS (If outside, give location) 628 W. 70 Terrace Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First ADOLPH Middle D. Last GATES			4. DATE OF DEATH Month 6 Day 12 Year 59			
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5. SEX M	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8-7-1890	9. AGE (In years as of birthday) 68	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HRS Hours <input type="checkbox"/> Min. <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) Tire Dealer	10b. KIND OF BUSINESS OR INDUSTRY Grand Tire Co.	11. BIRTHPLACE (City and state or country) Chetopa, Kansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Adolph Gates	13b. MOTHER'S MAIDEN NAME Hattie Ferguson	14. NAME OF HUSBAND OR WIFE Bertha Guenther Gates
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, name of service) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 488-36-9165	17. INFORMANT Address Mrs. Bertha Gates, 628 W. 70 Terr.
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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) Acute Pulmonary Embolism	INTERVAL BETWEEN ONSET AND DEATH 24 hours
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive Cardiovascular Disease	12+ years
	DUE TO (c) Generalized Arteriosclerosis 4201	

*Arteriosclerosis, generalized, ribonucleic acid related to the 1959 condition given in PART I (a).
Arteriosclerosis, embolic, gangrene of toes - 18 months*

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.)	19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 April 22, 1947 , to June 12, 1959 and last saw him alive on June 13, 1959 Death occurred at 11:00 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Carl R. Ferris (Degree or title) MD	22b. ADDRESS 535 Argyle Bldg Kansas City 6 Mo.	22c. DATE SIGNED 6-13-59
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	23b. DATE 6-15-59	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) Kansas City	(State) Mo
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24. FUNERAL DIRECTOR Wagner Funeral Home	ADDRESS K C. Mo	25. DATE RECD. BY LOCAL REG. 6-15-59	26. REGISTRAR'S SIGNATURE neva munnshall
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Carl R. Ferris
All diseases in Part I must be causally related.

00:2
6228-2-1A

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 *Alvin R. Hauschild*

Licensed Embalmer No. *4159*

P. O. Address *H. E. W.*

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.