

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021365

STATE FILE NUMBER 2926
Registrar's No.

FILED JUL 8 1959 Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR 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 7426 Walnut Street		Length of stay in lb 70 Yrs.	d. STREET ADDRESS (If outside, give location) 7426 Walnut Street Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First GEORGE Middle W. Last GATES			4. DATE OF DEATH Month June Day 15th Year 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 May 26, 1885
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) President-Geo. W. Gates Co. Bindery Service		10b. KIND OF BUSINESS OR INDUSTRY Bindery Service	9. AGE (In years last birthday) 74
11. BIRTHPLACE (City and state or country) Beloit, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lee Gates		13b. MOTHER'S MAIDEN NAME Alice Chace	14. NAME OF HUSBAND OR WIFE Anna M. Gates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 486-05-0344	17. INFORMANT Address Mrs. Anna M. Gates, 7426 Walnut St., K.C., 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) Carcinoma of lung			INTERVAL BETWEEN ONSET AND DEATH 6 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) - DUE TO (c) -			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 163X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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 Sept 3, 1958 , to June 15, 1959 and last saw him alive on June 15, 1959 on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deceased or title) William F. Sanders M.D.		22b. ADDRESS 411 Midvale Rd K.C. Mo	22c. DATE SIGNED June 15, 59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE June 17, 1959	23c. NAME OF CEMETERY OR CREMATORY Mount Washington Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR ADDRESS FREEMAN MORTUARY, KANSAS CITY, Mo.		25. DATE RECD. BY LOCAL REG. 6-16-59	26. REGISTRAR'S SIGNATURE neva minshall

MEDICAL CERTIFICATION
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
William F. Sanders

All diseases in Part I must be causally related.

411 NICHOLS ROAD
ROOM 231
MON. 1:30 P.M.-5 P.M.

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 *Clayton A. Barnes*

Licensed Embalmer No. 4793

P. O. Address *K.E. 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.