

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023946

STATE FILE NUMBER

FILED JUN 23 1959

Registration District No. 369 Primary Registration District No. 6257 Registrar's No. 6

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Patterson,</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Poplar Bluff.</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb	d. STREET ADDRESS (If outside, give location) <u>1228 1/2</u> <u>420 Arthur</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Wayne</u> Middle <u>Earl</u> Last <u>Gates</u>			4. DATE OF DEATH Month <u>June</u> Day <u>12,</u> Year <u>1959.</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 22, 1934</u>	9. AGE (In years last birthday) <u>24</u>	IF UNDER 1 YEAR Month <u>7</u> Days <u>20</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Sales</u>	11. BIRTHPLACE (City and state or country) <u>Poplar Bluff, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>Thol Gates</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Joyce Patterson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, <u>None known</u> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>491-36-4299</u>	17. INFORMANT Address <u>Joyce Patterson, Poplar Bluff</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Basal Skull Fracture</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 min.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. 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)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <u>Car accident - <del>Car</del> Car turned over</u>			
20c. TIME OF INJURY Hour <u>7:10</u> a.m. <input type="checkbox"/> p.m. <input checked="" type="checkbox"/> Month, Day, Year <u>6/12/59</u>					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>N. 34 near Patterson</u>		20f. CITY, TOWN, OR LOCATION <u>Poplar Bluff</u> COUNTY <u>Wayne</u> STATE <u>Mo.</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <u>7:15 P. M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>M. E. Bowler</u> <u>Coroner</u> <u>3</u>			22b. ADDRESS <u>Poplar Bluff, Mo.</u>		22c. DATE SIGNED <u>6/16/1959</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>June 15, 59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Poplar Bluff, Mo.</u>			23e. STATE <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Frank-Cotrell Chapel, Poplar Bluff</u>		25. DATE RECD. BY LOCAL REG. <u>June 17, 1959</u>		26. REGISTRAR'S SIGNATURE <u>Sheila Lovelace</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

999 9'8 1980

VS APR 1 1980

FILE NO. ...  
STATE HEALTH CENTER

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 E. Mungler*

Licensed Embalmer No. *4877*  
P. O. Address *Poplar Bl. 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.