

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-036561

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Region District No. 128 Primary Registration District No. 2000 Registrar's No. 979

STATE FILE NUMBER

FILED OCT 30 1961

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY GREENE	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD		c. CITY OR TOWN SPRINGFIELD	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital		d. STREET ADDRESS (If outside, give location) 2262 S. Roanoke	

3. NAME OF DECEASED (Type or print) First CURTIS Middle B. Last GATES			4. DATE OF DEATH Month October Day 14, Year 1961			
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 17 May 1894	9. AGE (last birthday) 67	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HR Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Attorney		10b. KIND OF BUSINESS OR INDUSTRY Veterans Administration		11. BIRTHPLACE (City and state or country) Missouri		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Gates			13b. MOTHER'S MAIDEN NAME Mary A. McMillin			14. NAME OF HUSBAND OR WIFE Irene Gates	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWI WW2			16. SOCIAL SECURITY NO. - - -		17. INFORMANT Irene Gates (Wife) Springfield, Mo.		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 WEEK
IMMEDIATE CAUSE (a) INFARCTION OF MYOCARDIUM DUE TO		
DUE TO (b) ATHEROSCLEROTIC CORONARY THROMBOSIS		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) DIABETES MELITUS			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 6:25 Month, Day, Year 10/8/61						

20d. INJURY OCCURRED 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 **10/8/61** to **10/14/61** and last saw him alive on **10/14/61**
Death occurred at **6:25 P.m.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE John P. Turner, M.D.	(Degree or title)	22b. ADDRESS 609 Cherry	22c. DATE SIGNED 10/27/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 10-18-61	23c. NAME OF CEMETERY OR CREMATORY NATIONAL	23d. LOCATION (City, town, or county) SPRINGFIELD, MO.
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24. FUNERAL DIRECTOR KLINGNER MORTUARY, INC. SPRINGFIELD MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 10-20-61	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DATE AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

jhc

(Licensed Embalmer's Statement on Reverse Side)

NOV 8 1961

OCT 31 1961

NOV 27 1961

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 Ogle Stone
Licensed Embalmer No. 4176

P. O. Address **SPRINGFIELD**

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.