MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-62-016062

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 217 Primary Registration District No. 4328 Registrar's No. 41

FILED MAY 15 1962

1. PLACE OF DEATH a. COUNTY	Mississippi
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	Bertrand
Length of stay in 1b	13 Years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location)	Bertrand
Inside Limits	Yes ☒ No ☐
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	Missouri
b. COUNTY	Mississippi
c. CITY OR TOWN	Bertrand
Inside Limits	Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)	Bertrand
Reside on Farm	Yes ☐ No ☒
3. NAME OF DECEASED (Type or print) First	William
Middle	Moray
Last	Gaty
4. DATE OF DEATH Month Day Year	5/3/62
5. SEX	Male
6. COLOR OR RACE	White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	
8. DATE OF BIRTH	7/25/1897
9. AGE (last birthday)	64
IF UNDER 1 YEAR Months Days	
IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Banker
10b. KIND OF BUSINESS OR INDUSTRY	Banking
11. BIRTHPLACE (City and state or country)	Bertrand, Mo.
12. CITIZEN OF WHAT COUNTRY	USA
13a. FATHER'S NAME	Robert Price Gaty
13b. MOTHER'S MAIDEN NAME	Julia Humphreys
14. NAME OF HUSBAND OR WIFE	Irene Gaty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	No
17. INFORMANT Address	Irene Gaty, Bertrand, 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) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden Peat

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Myocardial Infarct Diaphragmatic 5 yrs.

DUE TO (c) Myocardial Infarct Antero-Systol 4 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Hypertension 1955

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 18-1955 to 4-24-62 and last saw ~~has~~ him alive on 4-24-1962

Death occurred at 10:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas C. McClure

22b. ADDRESS: Sikeston, Mo

22c. DATE SIGNED: 5-7-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 5/5/62

23c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery

23d. LOCATION (City, town, or county) (State): Charleston, Mo.

24. FUNERAL DIRECTOR ADDRESS: The Nunnelee Funeral Chapel, Charleston, Mo.

25. DATE RECD. BY LOCAL REG.: 5-5-62

26. REGISTRAR'S SIGNATURE: Dorothy B. Hathorn

(Licensed Embalmer's Statement on Reverse Side)

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

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_____ Signed _____
Signature of Student Embalmer

Licensed Embalmer No. 3851

P. O. Address Charleston, M

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.