

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED JUN 29 1962

62-021869

STATE FILE NUMBER

Registration District No. 14 Primary Registration District No. 5066 Registrar's No. 7

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

2060
20060

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY BARTON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY BARTON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN MINDEN MINES		Length of stay in 1b LIFE	c. CITY OR TOWN MINDEN MINES Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MINDEN MINES		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) NO STREET NUMBERS Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First EDWARD Middle (NMIA) Last GATHMAN		4. DATE OF DEATH Month JUNE Day 2 Year 1962	
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 NOV-14-1895 9. AGE (last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SHOVEL RUNNER		10b. KIND OF BUSINESS OR INDUSTRY COAL STRIPS	11. BIRTHPLACE (City and state or country) MINDEN MINES, MO. 12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME FRED GATHMAN		13b. MOTHER'S MAIDEN NAME ANNA WEBER	14. NAME OF HUSBAND OR WIFE BELLE GATHMAN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. [REDACTED]	17. INFORMANT Address MRS. BELLE GATHMAN, MINDENMINES,
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis DUE TO (b) Coronary Atherosclerosis DUE TO (c) Arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 10 min. 5 yrs. 5 to 7 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cardio-renal insufficiency for 2 yrs.			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 Jan. 23, 1947 to JUNE 2, 1962 and last saw him alive on May 26, 1962 Death occurred at 2:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. H. Kneeland, D.D.		22b. ADDRESS Liberal, Missouri	22c. DATE SIGNED 6-2-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE JUNE-5-1962	23c. NAME OF CEMETERY OR CREMATORY HIGHLAD PARK CEMETERY	23d. LOCATION (City, town, or county) (State) PITTSBURG, KANSAS.
24. FUNERAL DIRECTOR ADDRESS Robert A. Yancey Pittsburg Mo		25. DATE RECD. BY LOCAL REG. June 28, 1962	26. REGISTRAR'S SIGNATURE Alma Turner Sub.

NS JUN 29 1962

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

Lena Currie

Licensed Embalmer No. 2048

P. O. Address PITTSBURG, KANSAS

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.