

FILED JUN 30 1952

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20257

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4217 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY HENRY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MO. b. COUNTY Henry	
b. CITY (If outside corporate limits, write RURAL and give township) Rural		c. CITY (If outside corporate limits, write RURAL and give township) Wich	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 1420	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wich			

3. NAME OF DECEASED (Type or Print) WILLIAM THEODOR GATLIF			4. DATE OF DEATH (Month) (Day) (Year) 6 21 52		
5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 8y 15 1883	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farmer		11. BIRTHPLACE (State or foreign country) Rich Hill MO	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME J. B. Gatliff	13b. MOTHER'S MAIDEN NAME Susie Cole	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Cora Childers	ADDRESS Wich MO
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH instant
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound to head		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. E976X			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) in home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Wich Henry MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-21-52 1 P. m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted, gun shot to head

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE H. B. Walker, M.D. (Coroner)	(Degree or title)	23b. ADDRESS Clinton MO	23c. DATE SIGNED 6-21-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) June 23 52	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Stone Chapel	24d. LOCATION (City, town, or county) (State) Wich MO
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DATE REC'D BY LOCAL REG. June 23 52	REGISTRAR'S SIGNATURE Florence Adair	4225 OF	25. FUNERAL DIRECTOR'S SIGNATURE W. J. Brown	ADDRESS Wich MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed: R R Kenney.....

Signed.....

Student Embalmer

Licensed Embalmer No. 3099.....

P. O. Address Clinton 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 this body is not embalmed, fact should be so stated above.