V. S. No. 2
0M—8-43
ev. 5-17-39
ed I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20191

State File No.

Registration District No. 7?

Primary Registration District No. 3016

Registrar's No. 144

1. PLACE OF DEATH:
(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Moniteau
(c) City or town California Mo. R4
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Fredrick Gates
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jennie Gates
6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased May (Month) 17 (Day) 1877 (Year)

8. AGE: Years 68 | Months 1 | Days 13 | If less than one day ___ hr. ___ min.

9. Birthplace Morgan county (City, town, or county) Mo (State or foreign country)
10. Usual occupation Collar Mfg.
11. Industry or business
MOTHER FATHER
12. Name Edward Albert Gates
13. Birthplace Michigan (City, town, or county) (State or foreign country)
14. Maiden name Mary Katherine Stumpf
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Alfred Gate
(b) Address California
17. (a) City Cem Burial (Burial, cremation, or removal) (b) Date thereof July 3 1945 (Month) (Day) (Year)
(c) Place: burial or cremation City Cem.
18. (a) Signature of funeral director William Fleenor
(b) Address California Mo.
19. (a) 7-1-45 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 30 day 30
year 1945 hour 8 minute 47 P M.

21. I hereby certify that I attended the deceased from June 16, 1945, to June 30, 1945;
that I last saw him alive on June 30, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Lobar Pneumonia	
Lower Lobe - left & right	1 day.
Due to debility from poor nutrition	
& rest.	
Due to Epileptic seizures following	
foreign body in rt eye.	
Other conditions none	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations → 176-8
Of autopsy → 11

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Foreign body rt eye
(b) Date of occurrence June 16 1945 Moniteau
(c) Where did injury occur? Wells Color Shop California Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial Place.
(Specify type of place)
While at work? yes. (e) Means of injury Foreign body rt eye.

23. Signature S. A. Gibbs (M. D. or other)
Address California Mo. Date signed 7/1/45

444

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 9,

District File Number _____

Date Filed 9-11-45

NOV 9 1945

NOV 24 1945

JUL 17 1945

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 _____, Registered Apprentice No. _____, working under my personal supervision.

Signed Hugh E Hellman

Licensed Embalmer No. 3537

P. O. Address California, 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.