

FILED SEP 3 1969

CERTIFICATE OF DEATH

Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 327

DO NOT WRITE ON THIS STUB

9. 1
10a. 82
10b. 4.0940
11. 0
12. 2
13. 402X
14.
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/68

4.0940

5. 02

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6.0940

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME		FIRST	MIDDLE	LAST	SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
ELLA LOUISE GATTIS					Female	August 24, 1969		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)		AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH	
white		82	MOS. DAYS	HOURS MIN.	Aug. 14, 1887		St. Francois	
CITY, TOWN, OR LOCATION OF DEATH (SPECIFY YES OR NO)		INSIDE CITY LIMITS (SPECIFY YES OR NO)		HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)				
St. Francois Twp. Farmington-rural		yes/No		Mineral Area Osteopathic Hospital				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		
Missouri		USA		Widowed				
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY				
		at home		own home				
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER		
Missouri		St. Francois	Bismarck		yes	general delivery		
FATHER—NAME		FIRST	MIDDLE	LAST	MOTHER—MAIDEN NAME			
William Lutman					Mary Link			
INFORMANT—NAME				MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
Arthur Jones				Bismarck, Missouri				
PART I. DEATH WAS CAUSED BY:		[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE								
(a) Acute Circulatory Failure		DUE TO, OR AS A CONSEQUENCE OF:					Immediate	
(b) Decompensated Hypertensive Heart Disease		DUE TO, OR AS A CONSEQUENCE OF:					Years	
(c) Arteriosclerosis		DUE TO, OR AS A CONSEQUENCE OF:					Years	
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)		Diabetes Mellitus					AUTOPSY (YES OR NO) 19a. No.	
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH 19b.								
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)		HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC (SPECIFY)		LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)				
CERTIFICATION—PHYSICIAN:		MONTH	DAY	YEAR	MONTH	DAY	YEAR	
21a. I ATTENDED THE DECEASED FROM		1	19	60	TO	8	24	
21b. 8 24 69		AND LAST SAW HIM/HER ALIVE ON		MONTH	DAY	YEAR	I DID/DID NOT VIEW THE BODY AFTER DEATH.	
21c. 8 23 69		21d. Did not		21e. 2:20 A.M.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.		
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.		HOUR OF DEATH		THE DECEASED WAS PRONOUNCED DEAD				
22a. 2:20 A.M.		22b. 8 24 69		22c. 2:20 A.M.				
CERTIFIER—NAME (TYPE OR PRINT)		SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)				
23a. M. M. Beck, D. O.		23b. M. M. Beck, D. O.		23c. 8-25-69				
MAILING ADDRESS—CERTIFIER		STREET OR R.F.D. NO.		CITY OR TOWN		STATE		
23d. Bismarck		Missouri		ZIP 63624				
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION		CITY OR TOWN		
24a. burial		24b. Lane Cemetery		24c. Elvins, Missouri		STATE		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)						
24d. Aug. 26, 1969		24e. White Funeral Home, 156 S. Main, Ironton, Mo. 63650						
FUNERAL DIRECTOR—SIGNATURE		REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR				
25b. Ornel White		25a. Esther Mathews		25c. Aug. 25, 1969				

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 5 1969

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 Russell White

Licensed Embalmer No. 3012

P. O. Address Trouton, 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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.