

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022947
STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township		c. CITY OR TOWN Richmond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles N. Richmond		d. STREET ADDRESS Richmond, Mo. R. FD #3	
3. NAME OF DECEASED (Type or print) First Elizabeth Middle Catherine Last Bates		4. DATE OF DEATH Month June Day 7 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30, 1874
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. KIND OF BUSINESS OR INDUSTRY Housekeeping	9c. AGE (In years at birthday) 84
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	10c. BIRTHPLACE (City and state or country) Orrick, Missouri
11. BIRTHPLACE (City and state or country) Orrick, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Stanton R. Lillard		13b. MOTHER'S MAIDEN NAME Louisa Allison	
14. NAME OF HUSBAND OR WIFE William Lee Bates		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT Forrest Bates Address Richmond, Missouri	
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 DUE TO (b) Generalized Arteriosclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 5-6 hours
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 <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 _____ to _____ and last saw her him alive on 6-7-58 Death occurred at 5:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Thomas W. Cook M.D. (Degree or title)		22b. ADDRESS Richmond Missouri	
22c. DATE SIGNED 6/10/58		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE June 10, 1958		23c. NAME OF CEMETERY OR CREMATORY Sunny Slope	
23d. LOCATION (City, town, or county) Richmond, Missouri		(State)	
24. FUNERAL DIRECTOR Quest Life Funeral Home Richmond, Missouri		25. DATE RECD. BY LOCAL REG. 6-13-1958	
26. REGISTRAR'S SIGNATURE Malcol Jackson			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

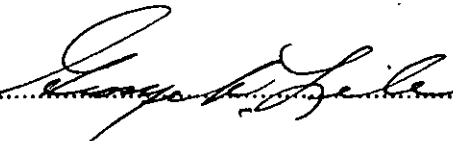
MEDICAL CERTIFICATION

x x x
 Rev. Richmond Township 5 miles N. Richmond 84 years
 Richmond Elizabeth Catherine Bates
 June 7 1928
 Fannie White x March 30, 1874 84
 Housewife Housekeeping Or.ick, Missouri U.S.A.
 Stanton W. Louis William Lee Bates
 None None Forest Bates Richmond, Missouri

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 
 Licensed Embalmer No. 4. D. G. 6
 P. O. Address.. Richmond, Mo.

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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.