

FILED JUN 10 1949

## STANDARD CERTIFICATE OF DEATH

State File No. 15733

2126

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. CITY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Downs, Kansas</u> b. COUNTY <u>Osborne</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Mo</u>		c. LENGTH OF STAY (In this place) <u>non resident</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Downs</u>		X 990	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED (Type or Print) <u>Charles Banks Bates</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>5-15-49</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5/19/74</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Dentist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Dentist</u>		9. AGE (In years last birthday) <u>74</u>		11. BIRTHPLACE (State or foreign country) <u>Connecticut</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Leth Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Leth Bates deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>-</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Greber Hall</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Head Injury, cerebral lacerations</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>auto trauma</u> DUE TO (c) <u>E 812-4</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>auto + pedestrian</u>				INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u>	
19a. DATE OF OPERATION <u>3-15-49</u>		19b. MAJOR FINDINGS OF OPERATION. <u>none - Pathological findings, none.</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Downs, Kansas</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 30 '49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto trauma</u>			
22. I hereby certify that I attended the deceased from <u>5-13-49</u> , 19 <u>49</u> , to <u>5-15</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-15</u> , 19 <u>49</u> , and that death occurred at <u>3:30 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Robert W. Forsythe</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Balcony Bldg. KC, Mo</u>		23c. DATE SIGNED <u>5-16-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>5-16-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>Downs, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>5-16-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Freeman Mortuary, Kansas City, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

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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.

Student .....

Student Embalmer

Signed

*Blair C. Wedelur*

Licensed Embalmer No. 3495

P. O. Address W. C. 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.