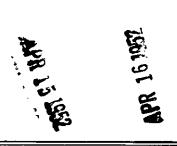
. 300	FILED SEP 24 1949 THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH STANDARD STANDARD CERTIFICATE OF DEATH								
.48	BIRTH NO.	~ I 1040	REG. DIST. NO. 14		PRIMARY REG. DIST.	. 6	State Fi Registra	le No	187
V	I. PLACE OF DEA		NEG. UISI: NO.	1			A W Kegisira	r s No. I	<u> </u>
ĭ	a. COUNTY T 1.	AIM	•		2. USUAL RESID	ENICE (1	Where decessed lived. NOTIFIED NOTIFIED	. Il institu	ation: residence before
\``~	a. COUNTY Jackson					ь. сопи			
RECORD	b. CITY (If outside corporate limits, write RURAL and give C. LENGTH OF TOWN Independence township)				c. CITY (If ontside corporate limits, write BURAL and give township) (OR Albia				
	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INCLUDE: INSTITUTION Indep. Sanitarium				d. STREET (If rural, give location) ADDRESS Main Street				
35	3. NAME OF	a. (First)	b. (Middle)		c. (Last)		4. DATE (M	Ionth)	(Day) (Year)
	DECEASED (Type or Print)	ELIZABET:	H		BATES.) OE '''		13,1949
PERMANENT	S SEY . I 6	COLOR OR RACE	7. MARRIED, NEVER MARRIED		8. DATE OF BIRTH		 _		
	Female 0	White	WIDOWED DIVORCED (Speci	Iy)	Mar. 25,18		Per publica,	Months E	TEAR of theorem is the Min.
₹	10a. USUAL OCCUPATIO	ON (Give kind of work	DISTRY		11. BIRTHPLACE (State or foreign country)			- 12	2. CITIZEN OF WHAT
舀	House will	e	Home		Iowa.		· COUNTRY!		
<u> </u>	13a. FATHER'S NAME	-	136. MOTHER'S MAIL	DEN	NAME	14. NA	E OF HUSBAND		
◂	Robert Dob		Johanna T			4	lliam I.		0.6
図	I5. WAS DECEASED EVE		· +		·				
X	(Yea, no. or unknown) (If	:R IN U. S. ARMED I yes, give war or dates:	of service) NO.		=		* 1		ADDRESS
Ş	No. None			William I. Bates Albia, Iowa.					
ļ	18. CAUSE OF DEATH	ERTIFICATION		• .	Ī	INTERVAL BETWEEN			
¥	Enter only one cause per	aine (hot	- 	-ichian		ONSET AND DEATH			
Z	line for (a), (b), and (c) DIRECTLY LEADING TO DEATH*(a)							1044.47	
X	*This does not mean	No-co-c	بع, ۔	y our		MANAGEMAN			
S C	the mode of dying, such	-	5.4	·	_				
BL	as heart fallure, asthenia, etc. It means the dis-	1/20-							
	ease, injury, or complica-		DUE TO (c)				l'	772	
UNFADING	tion which caused death,	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabettes Wellitus 10 years							
FΔ	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION				n	. –		1.	20, AUTOPSY?
NO	TION	ioselvo	ie,	left le	<u>, </u>	YES NO D			
SING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2	th. PLACE OF INJURY (e.g., in or ab tome, farm, factory, street, office bldg., e	re.)	21c. (CITY, TOWN, OR	TOWNSHIF	n (couf	ITY)	(STATE)
80		(Day) (Year) (I	Hour) 21e. INJURY OCCURRE	D	21f. HOW DID INJURY	OCCUR?			
T	OF INJURY		■ WHILE AT NOT WHILE		0				
×.	HURK LI (A WORK LI)								
PLAINLY	22. I hereby certify that I attended the deceased from 3, 1947, to alpha 1949, that I last saw the deceased alive on 12, 1947, and that death occurred 1 m., from the causes and on the date stated above.								
ľ	23a. SIGNATURE (Degree or title) ZID ADDRESS 23c. DATE SIGNED								
1	Chasy Grabsky M.D. Independence, Mo. 9/13/49								
<i>«</i> Rite	24a. BURIAL. CREMA- 24b. DATE 124c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)								
X.	Removal	/ Sept 13	1949 Albia	Ce	emetery		Albia, I	OWA.	
	DATE REC'D BY LOCAL	REGISTRAR'S S		50	E FUNERAL DIRECT	ror de	GHA TURE	ADD	RE 33
	301t. 14 -18	do XVI	myxiai		Asilou 1	1 14	plande	о 1 и.	0
	-70.17 (E	* 	(Livened Embelou	27	tatement on Reverse Side		7 - ATTUE	p. Mg	<u> </u>
i	τ	1	/rucamed cumulines	- 3	Prement de vescise 2006	· /	. 1		



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, ex-by

working under my personal supervision.

Student Embalmer

P. O. Address

Licensed Embalmer No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

the above constitutes grounds for revocation of license.)

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