

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

FILED SEP 24 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30683

State File No.

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 287

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa. b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Albia	
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep. Sanitarium		d. STREET ADDRESS Main Street	

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) -- c. (Last) BATES.		4. DATE OF DEATH (Month) (Day) (Year) Sept. 13, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 25, 1891
9. AGE (In years last birthday) 58		10. AGE (In years last birthday) 58	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Iowa.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Robert Dobson		13b. MOTHER'S MAIDEN NAME Johanna Taylor		14. NAME OF HUSBAND OR WIFE William I. Bates.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS William I. Bates Albia, Iowa.	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Occlusive Arteriosclerosis both Lower Extremities ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Months 14500 Years 10 years	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Occlusive Arteriosclerosis left leg		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 3, 1949, Sept. 13, 1949, that I last saw the deceased alive on Sept. 12, 1949, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. G. Grabske, M.D.		23b. ADDRESS Independence, Mo.		23c. DATE SIGNED 9/13/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Sept. 13, 1949		24c. NAME OF CEMETERY OR CREMATORY Albia Cemetery	
24d. LOCATION (City, town, or county) Albia, Iowa.		24e. LOCATION (City, town, or county) Albia, Iowa.		24f. LOCATION (City, town, or county) Albia, Iowa.	
DATE REC'D BY LOCAL REG. Sept. 14, 1949		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE	
DATE REC'D BY LOCAL REG. Sept. 14, 1949		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR'S SIGNATURE	

SEP 20 RECD

APR 15 1952

APR 16 1952

### 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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.