

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16641**

2341

BIRTH NO.	REG. DIST. NO.	PRIMARY REG. DIST. NO.	1001 Registrar's No.
<b>1. PLACE OF DEATH</b>			
a. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (if this place)	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		a. STATE Missouri	b. COUNTY Jackson
		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
		d. STREET ADDRESS 709 Washington	(If rural, give location)
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) Mose	b. (Middle)	c. (Last) Bates	5 21 50
<b>5. SEX</b> Male	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> Single	<b>8. DATE OF BIRTH</b> 7-31-1880
<b>9. AGE</b> (In years last birthday) 69		<b>10. CITIZENSHIP</b> (If under 1 year Months) (If under 1 year Days) (If under 1 year Hours) (If under 1 year Min.) U.S.	<b>11. BIRTHPLACE</b> (State or foreign country) Illinois
<b>12a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) Pensioner		<b>12b. KIND OF BUSINESS OR INDUSTRY</b>	
<b>13a. FATHER'S NAME</b> Noah Bates		<b>13b. MOTHER'S MAIDEN NAME</b> Martha Hughes	
<b>14. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, unknown) (If yes, give war or dates of service) No		<b>15. SOCIAL SECURITY NO.</b> Unknown	
<b>16. INFORMANT'S SIGNATURE OR NAME</b> Record Clerk: K.C. Gen. Hosp. #1		<b>17. ADDRESS</b>	
<b>MEDICAL CERTIFICATION</b>			
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc.:—It means the disease, injury, or complication which caused death.  I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculous pneumonia  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.			<b>INTERVAL BETWEEN ONSET AND DEATH</b>  002X
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>20b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21a. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. May 21 1950 3:45 p.m.		<b>21b. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK</b>	
<b>22. I hereby certify that I attended the deceased from May 17, 1950 to May 21, 1950, that I last saw the deceased alive on May 21, 1950, and that death occurred at 3:45 a.m., from the causes and on the date stated above.</b>		<b>23. HOW DID INJURY OCCUR?</b>	
<b>24a. SIGNATURE</b> I. Burns		<b>24b. ADDRESS</b> 24th & Cherry	
<b>25a. BURIAL, CREMATORY, REMOVALS</b> Funeral Home		<b>25b. DATE</b> 5-27-50	
<b>26a. NAME OF CEMETERY OR CREMATORY</b> St. Louis Univ		<b>26b. LOCATION</b> (City, town, or county) (State) St. Louis, Mo.	
<b>27. DATE REC'D BY LOCAL REG.</b> 5-25-50		<b>28. REGISTRAR'S SIGNATURE</b> Geraldine Holmes	
<b>29. FUNERAL DIRECTOR'S SIGNATURE</b> R.E. Weichert		<b>30. ADDRESS</b> K.C. Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. 9/10

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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

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.