

FILED SEP 12 1950

STANDARD CERTIFICATE OF DEATH

State File No.

26029

100
4

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 4049 Registrar's No. 49

| | | | |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>CENTRALIA</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Centralia</u> <u>0100</u> | |
| c. LENGTH OF STAY (in this place) <u>3 days</u> | | d. STREET ADDRESS (If rural, give location) <u>Barr St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WAY NURSING HOME</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Nettie</u> | | b. (Middle) <u>Belle</u> | |
| | | c. (Last) <u>Bates</u> | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4-1950</u> | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Nov. 7-1879</u> |
| 9. AGE (In years / or UNDER 1 YEAR last birthday) Months Days <u>70</u> <u>9</u> <u>27</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u> | |
| 10b. KIND OF BUSINESS OR INDUSTRY <u>Housekeeper</u> | | 11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | |
| 13a. FATHER'S NAME <u>John H. H. Tolson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Turner</u> | |
| | | 14. NAME OF HUSBAND OR WIFE <u>Frank Bates</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u> <u>None</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Bates, Centralia, Mo.</u> | | | |
| 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, asthma, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Chronic Myocarditis (Chronic)</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | |
| | | INTERVAL BETWEEN ONSET AND DEATH <u>12 days</u> | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| | | <u>4222</u> | |
| 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 <u>1931</u> to <u>Sept. 4, 1950</u> , that I last saw the deceased alive on <u>Sept 4, 1950</u> and that death occurred at <u>9:02pm</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>M. W. D.</u> | | 23b. ADDRESS <u>Centralia</u> | |
| | | 23c. DATE SIGNED <u>Sept 5/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 6-1950</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Centralia Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Centralia, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>Sept 6-1950</u> | | REGISTRAR'S SIGNATURE <u>Maud McBride</u> | |
| | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rose O. Ballou, Centralia, Mo.</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 23 1951

RECEIVED 9/11/51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 9/11/51

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 *Paul G. Baller* _____

Licensed Embalmer No. *4206*

P. O. Address. *Centralia, 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.