S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26748

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3537

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NorthEast Osteopathic Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL 0480
d. STREET ADDRESS (If rural, give location) Banister Rd & Harrison Rd

3. NAME OF DECEASED (Type or Print) a. (First) Cecilia b. (Middle) Elizabeth c. (Last) Bateman

4. DATE OF DEATH (Month) 8 (Day) 16 (Year) 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2

8. DATE OF BIRTH 6/27/1902

9. AGE (In years last birthday) 48 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Wesley Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Peter Thissen

13b. MOTHER'S MAIDEN NAME Lisett Running

14. NAME OF HUSBAND OR WIFE Ray Bateman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs M. C. Trinkle Hickman Mills Mo

MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pernicious Anemia — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Not known — 2 yrs

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Terminal hypostatic Pneumonia — 24 hrs.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Aug 16, 1950, *to* Aug 16, 1950, *that I last saw the deceased alive on* Aug 16, 1950, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank E. Day (Degree or title) D.O. — 23b. ADDRESS 4314 E 9th K.C. Mo — 23c. DATE SIGNED 8-16-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — 24b. DATE 8/19/50 — 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery — 24d. LOCATION (City, town, or county) Kansas City (State) Mo.

DATE REC'D BY LOCAL REG. 8-18-50 — REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE John P. Steil — ADDRESS K.C. Mo

(Licensed Embalmer's Statement on Reverse Side)

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

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 Embalmer No.....

Signed John P. Steil

Licensed Embalmer No. 3625

P. O. Address K.C. Mo

Signed.....
Student Embalmer

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.