

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29252**

40

FILED SEP 5 1950

BIRTH NO. **25750-50** REG. DIST. NO. **379** PRIMARY REG. DIST. NO. **6287** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Pleasant Valley		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 1140 Rural Pleasant Valley	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural Pleasant Valley		d. STREET ADDRESS (If rural, give location) rural Pleasant Valley	
3. NAME OF DECEASED a. (First) FRANCIS (Type or Print)		b. (Middle) Leroy c. (Last) Bates	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH April 8, 1920
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Wright County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.C.	
13a. FATHER'S NAME George Bates		13b. MOTHER'S MAIDEN NAME Hessie Sombrough	
14. NAME OF HUSBAND OR WIFE none		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. none		17. INFORMANT'S SIGNATURE OR NAME George Bates ADDRESS Marshall Mo	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pneumonia ANTECEDENT CAUSES Malnutrition Morbidity 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. INTERVAL BETWEEN ONSET AND DEATH 3 days	
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 July 15, 1950 to Aug 28, 1950 , that I last saw the deceased alive on Aug 25, 1950 , and that death occurred at 8-26-50 m., from the causes and on the date stated above.	
23a. SIGNATURE W. H. Zimmerman (Degree or title) D.O.		23b. ADDRESS mons field mo	
23c. DATE SIGNED 8/26/50		24a. BURIAL, CREMATION, REMOVAL (Specify) burial	
24b. DATE Aug 27, 1950		24c. NAME OF CEMETERY OR CREMATORY Staro Cemetery	
24d. LOCATION (City, town, or county) (State) Wright Co. Mo.		25. FUNERAL DIRECTOR'S SIGNATURE William W. Barker ADDRESS Marshall Mo	
DATE REC'D BY LOCAL REG. 8-26-50		REGISTRAR'S SIGNATURE William W. Barker 348	
25. FUNERAL DIRECTOR'S SIGNATURE William W. Barker ADDRESS Marshall Mo		26. FUNERAL DIRECTOR'S SIGNATURE William W. Barker ADDRESS Marshall Mo	

(Licensee's Statement on Reverse Side)

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

WRIGHT CO. HEALTH DEPT.
County File Number 750-107
Date Filed SEP 2 1951

This Body was not embalmed.

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.