

No. 300  
10. 48

Register 89221  
C-1993868

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **35683**  
Registrar's No. **2564**

BIRTH NO. _____		REG. DIST. NO. <b>317</b>		PRIMARY REG. DIST. NO. <b>6076</b>		Registrar's No. <b>2564</b>	
1. PLACE OF DEATH a. COUNTY <b>ST LOUIS</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFF. BRKS., MO.</b>			c. LENGTH OF STAY (In this place) <b>5 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>LESLIE</b>			<b>1</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETS. ADM HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>NONE</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>JAMES</b>		b. (Middle) <b>F.</b>		c. (Last) <b>BATES</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 22nd, 1950</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED</b>		8. DATE OF BIRTH <b>1-16-87</b>		9. AGE (In years last birthday) <b>63</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <b>BUILDING CARPENTER</b>		10b. KIND OF BUSINESS OR INDUSTRY - - - - -		11. BIRTHPLACE (State or foreign country) <b>STANTON, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>SEM A BATES</b>		13b. MOTHER'S MAIDEN NAME <b>CYMANTHIA BLEADSOE</b>		14. NAME OF HUSBAND OR WIFE <b>NONE</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>	16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <b>WW I</b>		17. INFORMANT'S SIGNATURE OR NAME <b>NONE</b>		ADDRESS <b>VA HOSPITAL RECORDS</b>		
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CEREBRAL VASCULAR ACCIDENT</b>					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) <b>HYPERTENSIVE CARDIO-VASCULAR DISEASE</b>						
	DUE TO (c) _____						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>ARTERIOSCLEROTIC HEART DISEASE</b>					<b>443X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>					
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SURFIDE 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 <b>10-17</b> , 19 <b>50</b> , to <b>10-22-</b> , 19 <b>50</b> , that death occurred at <b>2:20 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <b>Edward A. Kendall, M.D.</b>				23b. ADDRESS <b>VAH, JEFF. BRKS., MO.</b>		23c. DATE SIGNED <b>10-22-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-22-50</b>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Beaufort, Mo.</b>		
DATE REC'D BY LOCAL REG <b>10-23-50</b>		REGISTRAR'S SIGNATURE <b>Hubert R. Dombke</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe</b>		ADDRESS <b>4700 Washington Blvd.</b>	

(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 me

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed Wm. S. Hallen .....

Licensed Embalmer No. 4699 .....

P. O. Address St. Charles, 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.