

FILED MAY 3 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

13600

BIRTH NO.		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>4433</u>		Registrar's No. <u>23</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNIONVILLE</u> c. LENGTH OF STAY (in this place) <u>41 DAYS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MONROE HOSPITAL</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" YORK TOWNSHIP</u> d. STREET ADDRESS (If rural, give location) <u>POWERSVILLE, MO. R. F. D. NO. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>BUEL</u> c. (Last) <u>BATES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 11, 1951</u>		5. SEX <u>MALE</u> 6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>AUGUST 13, 1863</u>		9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>(RETIRED) FARM OWNER</u>		11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>GEORGE W. BATES</u>		13b. MOTHER'S MAIDEN NAME <u>REBECCA M. WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E. BATES</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MR. BOYDE BATES POWERSVILLE, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Ophthalmia</u> DUE TO (c) <u>Prostatitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>611 X</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>July</u> , 19 <u>32</u> , to <u>Apr. 11</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Apr. 11</u> , 19 <u>51</u> , and that death occurred at <u>3:40 A. M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) <u>L. W. McDonald, M.D.</u>				23b. ADDRESS <u>Unionville, MO.</u>		23c. DATE SIGNED <u>4-14-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April-14-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>POWERSVILLE, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-27-51</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BY John H. Comstock</u> ADDRESS <u>UNIONVILLE, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 27 1952

JUL 14 1953

Date Received: APR 30 1951
DISTRICT HEALTH OFFICE #2
District File Number 5-51-811
Date Filed: MAY 1 1951

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.....
Student Embalmer

Signed

John N. Comstock

Licensed Embalmer No. 3891

P. O. Address. Unionville, 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.