

FILED JUN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 15947

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 54	
1. PLACE OF DEATH a. COUNTY <i>Clay</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Clay</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Excelsior Springs</i>		c. LENGTH OF STAY (In this place) <i>2 days</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Excelsior Springs</i>		0240	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Excelsior Springs Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>4 miles N. Excelsior Springs</i>			
3. NAME OF DECEASED (Type or Print) a. (First) <i>Williams</i> b. (Middle) <i>Melvin</i> c. (Last) <i>Bates</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>May 6 1951</i>				
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>June 2 - 1897</i>	
9. AGE (In years) (Months) (Days) (Hours) (Min.) <i>73 11 3</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Chas. Fleming Bates</i>		13b. MOTHER'S MAIDEN NAME <i>Ann Elizabeth Bates</i>		14. NAME OF HUSBAND OR WIFE <i>Elsie Bates</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Elsie J. Bates, R.R. Excelsior Spgs. Mo.</i>			
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) <i>Hepatic, Bronchial, Pneumonia</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Acute Congestive Cardiac Failure</i> DUE TO (c) <i>Secondary Anemia</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>4341</i>				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 <i>Dec - 2, 1950</i> , to <i>May 5, 1951</i> , that I last saw the deceased alive on <i>May 5, 1951</i> , and that death occurred at <i>11:50 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Reverend Dawson M.D.</i>				23b. ADDRESS <i>Excelsior Springs Mo</i>		23c. DATE SIGNED <i>5-6-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>May 8 - 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Salmon Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Rural Excelsior Springs Mo.</i>	
DATE REC'D BY LOCAL REG. <i>5/8/51</i>		REGISTRAR'S SIGNATURE <i>Caroline Hutchings</i>		FUNERAL DIRECTOR'S SIGNATURE <i>Michael</i>		ADDRESS <i>Excelsior Springs Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

0242
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SEP 19 1951

Statement by Licensed Embalmer

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 *Carl Papp*

Signed _____
Student Embalmer

Licensed Embalmer No. *3458*

P. O. Address *Excelsior Springs, 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.