

FILED NOV 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34459

State File No. ....

0732  
0

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 119

1. PLACE OF DEATH a. COUNTY <u>Newton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Seneca Rural</u>		d. STREET ADDRESS (If rural, give location) <u>3 1/2 mi N.E. of Seneca</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hosp</u>			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED a. (First) <u>Frankie Don</u> b. (Middle) <u>Bates</u> c. (Last) <u>Bates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 22, 1951</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never mar.</u>	8. DATE OF BIRTH <u>Oct. 25, 1936</u>		9. AGE (In years last birthday) <u>14</u>
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) <u>Borger, Texas</u>	
13a. FATHER'S NAME <u>Frank Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Lillian Ceres</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Bates, Seneca, 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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTESTINAL OBSTRUCTION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ACUTE ILLICOLITIS</u> DUE TO (c) <u>5711</u> II. OTHER SIGNIFICANT CONDITIONS <u>PARTIAL COLECTOMY 1949 FOR CONGENITAL MEGACOLON</u> Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>21 Oct 51</u>			19b. MAJOR FINDINGS OF OPERATION <u>MECHANICAL OBSTRUCTION w/ COLOSTOMY</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) (Min)		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>18 OCT, 1951</u> , to <u>22 OCT, 1951</u> , that I last saw the deceased alive on <u>22 OCT, 1951</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>R. Day, M.D.</u> (Degree or title)			23b. ADDRESS <u>Neosho, Mo.</u>		23c. DATE SIGNED <u>24 Oct 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-24-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Seneca, Missouri</u>
DATE REC'D BY LOCAL REG. <u>Oct. 26, 1951</u>		REGISTRAR'S SIGNATURE <u>Melvin C. Bonner</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. E. Siddleman, Seneca, Mo.</u>	

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

**RECEIVED**

District Health Officer No. \_\_\_\_\_

District File Number 1251-843

Date Filed OCT 31 1951

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

**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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.