

41479

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. ....

5251

FILED DEC 26 1951

BIRTH NO. ....

REG. DIST. NO. ....

149

PRIMARY REG. DIST. NO. ....

1002

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6242 Truman Rd.,		d. STREET ADDRESS (If rural, give location) 6242 Truman Rd., 3218	
3. NAME OF DECEASED (Type or Print) a. (First) LOYD b. (Middle) OSCAR c. (Last) BATH		4. DATE OF DEATH (Month) 12 (Day) 6 (Year) 51	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/6/1905
9. AGE (In years last birthday) 46		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager	11. BIRTHPLACE (State or foreign country) Marshfield, Mo.
12. CITIZEN OF WHAT COUNTRY? M. & A.		13. FATHER'S NAME Charles Bath	
14. MOTHER'S MAIDEN NAME Lola Hampton		15. NAME OF HUSBAND OR WIFE Ella Louise Bath	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		17. SOCIAL SECURITY NO. 491-03-9697	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct ANTECEDENT CAUSES Morbid 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.	
20. INTERVAL BETWEEN ONSET AND DEATH 4 hrs		21. DATE OF OPERATION 1951	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)		27. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from Oct 11, 1951, to Dec 6, 1951, that I last saw the deceased alive on Dec 6, 1951, and that death occurred at _____ m., from the causes and on the date stated above.			
31. SIGNATURE Martin P. Hunter M.D.		32. ADDRESS 1408 Waltham Bldg	
33. DATE SIGNED 12-7-51		34. BUREAU OF HEALTH (Specify) Burial	
35. DATE 12/10/51		36. NAME OF CEMETERY OR CREMATORY Green Lawn Mem. Garden	
37. LOCATION (City, town, or county) (State) Springfield, Mo.		38. DATE REC'D BY LOCAL REG. 12-7-51	
39. REGISTRAR'S SIGNATURE Geraldine Palmer		40. FUNERAL DIRECTOR'S SIGNATURE John P. Sheil	
41. ADDRESS Kansas City, Mo.		42. (Licensed Embalmer's Statement on Reverse Side)	

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

FEB 6 1937

This PM

### 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 John P. Shield

Licensed Embalmer No. 3625

P. O. Address TP Rd.

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.