

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FEB 4 1952

BIRTH NO. .... REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <b>MCDONALD</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <b>MISSOURI</b> b. COUNTY <b>MCDONALD</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>NOEL</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>NOEL</b>	
c. LENGTH OF STAY (in this place) <b>26 YRS</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROY</b> b. (Middle) <b>-</b> c. (Last) <b>BATES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>1-12-52</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>M</b>	
8. DATE OF BIRTH <b>12-25-1883</b>		9. AGE (In years last birthday) <b>68</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b>		11. BIRTHPLACE (State or foreign country) <b>CRAWFORD-CO. KANS</b>	

13a. FATHER'S NAME <b>C. H. BATES</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA WRIGHT</b>		14. NAME OF HUSBAND OR WIFE <b>EFFIE-BATES</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b> sudden</b>	
ANTECEDENT CAUSES		DUE TO (b)			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c)			
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		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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. M. Humphrey</b> (Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Independence, Mo.</b>		23c. DATE SIGNED <b>1-15-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>1-15-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. HOPE</b>	
24d. LOCATION (City, town, or county) (State) <b>INDEPENDENCE-KAN.</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. M. Humphrey Independence, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>1-15-52</b>		REGISTRAR'S SIGNATURE <b>W. Maynard Humphrey</b>		25. GENERAL DIRECTOR'S SIGNATURE ADDRESS <b>D. M. Humphrey Independence, Mo.</b>	

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

JUL 1 1952

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 A. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.