

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Rural Crooked river</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked river Twp</u>	
c. LENGTH OF STAY (in this place) <u>all his life</u>		d. STREET ADDRESS (If rural, give location) <u>Rural Crooked River Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.M. R.I.D. HURDIN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Floy</u> b. (Middle) <u>Fenton</u> c. (Last) <u>Bates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24-1952</u>		
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH: <u>3/3/1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>21</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
13a. FATHER'S NAME <u>James French Bates</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Morrison</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
14. NAME OF HUSBAND OR WIFE			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>Matilda Stone</u> ADDRESS <u>Richmond, Mo.</u>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u>		DUPLICATE		<u>5 years</u>	
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertensive Cardiovascular disease</u>		DUPLICATE		<u>10 years</u>	
DUE TO (c) <u>Generalized arteriosclerosis</u>		DUPLICATE		<u>± 15 years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple sclerosis</u>		DUPLICATE		<u>± 10 years</u>	

19a. DATE OF OPERATION <u>None</u>		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) (Minute)		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 7/22, 1950, to 1/24, 1952, that I last saw the deceased alive on 1/24, 1952, and that death occurred at 1057 m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. L. Mastersen, M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>		23c. DATE SIGNED <u>1/25/52</u>	
---	--	-----------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Jan. 27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>3 miles north Liberty Mo</u>		24e. NAME OF FUNERAL HOME (City, town, or county) (State) <u>Kaufmann & Borchert Hardaway</u>			

DATE REC'D BY LOCAL REG. <u>Jan 25-1952</u>		REGISTRAR'S SIGNATURE <u>Mahel Jackson</u> 273		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
---	--	--	--	--	--

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

890

APR 15 1954

52

NOV 9 1953

NOV 9

VS SEP 2 1954

MAY 25 1954

NOV 8 1954

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.