

STANDARD CERTIFICATE OF DEATH

State File No.

6068

FILED MAR 4 1952

BIRTH NO.

REG. DIST. NO. 291

PRIMARY REG. DIST. NO. 5991

Registrar's No. 10

I. PLACE OF DEATH

a. COUNTY

PUTNAM

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "RURAL" LIBERTY TOWNSHIP

c. LENGTH OF STAY (If this place) I-I 1/2 YRS

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MISSOURI

b. COUNTY

PUTNAM

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN UNIONVILLE 0860

d. STREET ADDRESS

(If rural, give location)

3. NAME OF DECEASED

(Type or Print)

a. (First)

SARAH

b. (Middle)

JANE

c. (Last)

BATES

4. DATE OF DEATH (Month) (Day) (Year)

FEBRUARY 15, 1952

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

NOVEMBER 25, 1854

9. AGE (In years last birthday)

97

IF UNDER 1 YEAR

2

IF UNDER 1 YEAR

20

IF UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY

SONS HOME

11. BIRTHPLACE (State or foreign country)

PUTNAM COUNTY, MISSOURI

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13a. FATHER'S NAME

JONATHAN TAYLOR

13b. MOTHER'S MAIDEN NAME

NANCY HUMPHRY

14. NAME OF HUSBAND OR WIFE

OFBYRON BATES ~~XXXX~~

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT'S SIGNATURE OR NAME

MR. FRED O. BROWN UNIONVILLE, MISSOURI

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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

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.

INTERVAL BETWEEN ONSET AND DEATH

years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

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 ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 2, 1945, to Feb 15, 1952, that I last saw the deceased alive on Feb 15, 1952, and that death occurred at 9:00 A. M., from the causes and on the date stated above.

23a. SIGNATURE (Name or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24b. DATE

FEB. 18, 1952

24c. NAME OF CEMETERY OR CREMATORY

FRIENDSHIP CEMETERY

24d. LOCATION (City, town, or county) (State)

PUTNAM COUNTY, MISSOURI

DATE REC'D BY LOCAL REG.

3-1-52

REGISTRAR'S SIGNATURE

Marvell D. ...

25. FUNERAL DIRECTOR'S SIGNATURE

COMSTOCK FUNERAL HOME

ADDRESS

BY John T. Comstock, UNIONVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed.....

John N. Comstock

Licensed Embalmer No. *3891*

P. O. Address *Unionville, 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.