No. 300 10.48

APR 8 1952

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8205

BIRTH NO. _____ REG. DIST. NO. 142 PRIMARY REG. DIST. NO. 4231 Registrar's No. 8

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

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View
c. LENGTH OF STAY (in this place): 25 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: Mo.
b. COUNTY: Howell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain View 0461
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) L.; c. (Last) Bates

4. DATE OF DEATH (Month) (Day) (Year): Mar 31-1952

5. SEX: M 6

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 1-1863

9. AGE (In years last birthday): 88; IF UNDER 1 YEAR: Months 9, Days 30; IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Canton, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John Bates

13b. MOTHER'S MAIDEN NAME: unknown

14. NAME OF HUSBAND OR WIFE:

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

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: R.C.Bates; ADDRESS: 1301 Broadway Pekin, Ill.

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.

MEDICAL CERTIFICATION

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

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

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 4201

20. AUTOPSY? YES ☐ NO ☐

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) m.:

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* Mar 23, 1952, *to* Mar 31, 1952, *that I last saw the deceased alive on* Mar 31, 1952, *and that death occurred at* 3:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stanley Barnum D.O.

23b. ADDRESS: Mtn View Mo

23c. DATE SIGNED: Ap 5, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-3-52

24c. NAME OF CEMETERY OR CREMATORY: City

24d. LOCATION (City, town, or county) (State): Mtn View, Mo.

DATE REC'D BY LOCAL REG.: 4/6/52

REGISTRAR'S SIGNATURE: Laura Mitchell 12-0

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Duncan Funeral Home Mtn View, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 Joe R Duncan

Licensed Embalmer No. 4325

P. O. Address Mt View 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.