

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23499

State File No.

BIRTH NO. REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 6285 Registrar's No. 35

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>WRIGHT</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Mtn. Grove</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Mtn. Grove</u>	
c. LENGTH OF STAY (in this place) <u>3 years</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>NONE</u>		d. STREET ADDRESS (If rural, give location) <u>Route #3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) <u>LULU</u> c. (Last) <u>BATES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 24, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 4, 1867</u>
9. AGE (In years last birthday) <u>84</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Jackson Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>HARRISON BELL</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA GREER</u>	14. NAME OF HUSBAND OR WIFE <u>George F. Bates</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mabel Mason, Mtn. Grove</u>

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) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-Sclerosis</u> 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 <u>1 Day</u> <u>years</u>
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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) (Min.)	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 3-10, 1949, to 6-24, 1952, that I last saw the deceased alive on 6-23, 1952, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Craig, D.O.</u>	23b. ADDRESS <u>Mountain Grove Mo.</u>	23c. DATE SIGNED <u>6-28-52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JUNE 27 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Success Cemetery</u>
24d. LOCATION (City, town, or county) (State) <u>Success Mo.</u>	24e. FUNERAL DIRECTOR'S SIGNATURE <u>Russell Barber, Mtn. Grove</u>	24f. ADDRESS <u>U.S.</u>
DATE REC'D BY LOCAL REG. <u>7-1-52</u>	REGISTRAR'S SIGNATURE <u>A.B. Ames</u>	

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

WRIGHT CO. HEALTH DEPT.
County File Number 252-83
Date Filed 12/1/44

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.

Student
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No.

P. O. Address.....

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.