No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42691

FILED JAN 7 - 1953

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 199

532
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1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lebanon
c. LENGTH OF STAY (in this place): 14 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Wallace Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ~~Mass~~ Nebr. b. COUNTY: Unk
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Lebanon~~ Meadville 8260
d. STREET ADDRESS (If rural, give location): Box 183 ~~827 Adams St~~

3. NAME OF DECEASED (Type or Print): a. (First) Earnest b. (Middle) F c. (Last) Bates

4. DATE OF DEATH (Month) 12 (Day) 25 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

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

8. DATE OF BIRTH: 28 Aug 1925

9. AGE (In years last birthday): 27 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Const

11. BIRTHPLACE (City and State or Foreign Country): Meadville, Nebr

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Harry M. Bates

13b. MOTHER'S MAIDEN NAME: Deceased

14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 16 Apr 50

16. SOCIAL SECURITY NO.:

17. INFORMANT'S SIGNATURE OR NAME: Capt Andrew M. Flom Ft Leonard Wood — **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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intracranial injury — INTERVAL BETWEEN ONSET AND DEATH: 15 mo

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.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: 053

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Auto accident - Hwy #66

21c. (CITY, TOWN, OR TOWNSHIP) Laclede **(COUNTY)** **(STATE)** Mo.

21d. TIME OF INJURY (Month) Dec (Day) 24 (Year) 1952 (Hour) 11:40 P.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑

21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* 12/25, 1952, *to* 12/25, 1952, *that I last saw the deceased alive on* 12/25, 1952, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. H. Johnson (Degree or title): MD

23b. ADDRESS: Lebanon Mo

23c. DATE SIGNED: 12/25/52

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

24b. DATE: 12-25-1952

24c. NAME OF CEMETERY OR CREMATORY: Unknown

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

DATE REC'D BY LOCAL REG.: 12-31-1952

REGISTRAR'S SIGNATURE: Della L. Day 424

25. FUNERAL DIRECTOR'S SIGNATURE: Not Known **ADDRESS**: Meadville, Nebraska

(Licensed Embalmer's Statement on Reverse Side)

Received: 1-3-53
Laclede Co. Health Dept.
File #: 1-53-1
Date Filed: 1-6-53

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.

Not Embalmed

Student ..... Student Embalmer

Signed .....

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.