

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4150

State File No.

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 5144 Registrar's No. 154

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

0120

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Butler	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Rural S t. Francis		c. LENGTH OF STAY (in this place) 2 wk	c. CITY OR TOWN Poplar Bluff
d. FULL NAME OF HOSPITAL OR INSTITUTION East Butler Co.		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) F Street	

3. NAME OF DECEASED (Type or Print) Mattie	a. (First)	b. (Middle)	c. (Last) Bates	4. DATE OF DEATH 2-14-54
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 7, 1866	9. AGE (In years last birthday) 87	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Arkansas	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Jacob Meadows	13b. MOTHER'S MAIDEN NAME Jane Bewley	14. NAME OF HUSBAND OR WIFE Calvin Bates
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dora Holloway	ADDRESS Poplar Bluff Mo.
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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) Asphyxia		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Cardiac failure		
		DUE TO (c) Cerebral hemorrhage		
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 331X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on **Jan. 16, 1954**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE F. F. Priest	(Degree or title) D.O.	23b. ADDRESS Poplar Bluff, Mo.	23c. DATE SIGNED 2/15/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2-16-54	24c. NAME OF CEMETERY OR CREMATORY Hamtown	24d. LOCATION (City, town, or county) (State) Butler Co., Mo.
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DATE REC'D BY LOCAL REG. 2/17/54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Greer Croy & Fitch	ADDRESS Poplar Bluff, Mo.
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RECEIVED
FEB 22 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

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 _____
Signature of Student Embalmer

Signed Joseph R. Matlock

Licensed Embalmer No. 482

P. O. Address Spokane, Idaho

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.