

BIRTH NO. _____ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6209 Registrar's No. 16

1. PLACE OF DEATH
 a. COUNTY Texas
 b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Piquery
 c. LENGTH OF STAY (in this place) 10 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Mo. b. COUNTY Texas
 c. CITY (If outside corporate limits, write RURAL and give township) Rural Piquery 1070
 d. STREET ADDRESS (If rural, give location) 3 mi S.W. of Houston

3. NAME OF DECEASED
 a. (First) JAMES b. (Middle) ADAM c. (Last) BATES
 4. DATE OF DEATH (Month) (Day) (Year) 4 21 1954

5. SEX M 6. COLOR OR RACE w 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 8. DATE OF BIRTH Feb. 18, 1867 9. AGE (In years last birthday) 87 2 3 3 (If under 1 year: Months, Days, Hours, Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) Texas Co. No. 1 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Adam Bates 13b. MOTHER'S MAIDEN NAME Lucinda King 14. NAME OF HUSBAND OR WIFE Mary

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. no 17. INFORMANT'S SIGNATURE OR NAME Mrs. Milburn Shelton ADDRESS Houston Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute & Extensive Coronary Thrombosis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Arteriosclerotic degenerative
 DUE TO (c) Decompensated Heart Disease
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. Grade IV Cardiac vasculis Renal Disease

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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. 13, 1952 to 4/7, 1954 that I last saw the deceased alive on 4/7, 1954, and that death occurred at 12:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE J. Burns, M.D. (Degree or title) _____ 23b. ADDRESS Houston Mo 23c. DATE SIGNED 4/22/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 4-25-54 24c. NAME OF CEMETERY OR CREMATORY Ellis Grave 24d. LOCATION (City, town, or county) (State) Texas Co. No.

DATE REC'D BY LOCAL REG. 4-27-54 REGISTRAR'S SIGNATURE Myrtie Craig 327 25. FUNERAL DIRECTOR'S SIGNATURE Elbert Funeral Home ADDRESS Houston

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

1070

APR 12 1958

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 Frank E. Wood

Licensed Embalmer No. 4026

P. O. Address Houston, 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.