

FILED AUG 9 - 1954

STANDARD CERTIFICATE OF DEATH

State File No. 23756

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 5804 Registrar's No. 35

0690

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

1. PLACE OF DEATH a. COUNTY MONROE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MACON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R.F.D # 1 0610	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) EXCELLO, MO 1	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2 1/2 MI. S. OF PARIS ON HWY 15			

3. NAME OF DECEASED (Type or Print)	a. (First) LESTER	b. (Middle) LEON	c. (Last) BATES	4. DATE OF DEATH (Month) (Day) (Year) JULY 30, 1954
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH OCT. 14, 1934	9. AGE (In years last birthday) 19	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) LABORER	10b. KIND OF BUSINESS OR INDUSTRY FIRE BRICK PLANT	11. BIRTHPLACE (State or foreign country) RANDOLPH CO., MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME OTTIES BATES	13b. MOTHER'S MAIDEN NAME NELLIE CLARK	14. NAME OF HUSBAND OR WIFE NONE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) NO	16. SOCIAL SECURITY NO. 495-36-1082	17. INFORMANT'S SIGNATURE OR NAME OTTIES BATES EXCELLO, MO	ADDRESS EXCELLO, MO
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Crushed Heart Cor		INTERVAL BETWEEN ONSET AND DEATH 1 week
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Week		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HWY 15 S. OF PARIS	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) JACKSON TWP, MONROE, MISSOURI
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) 7-30 54 5 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Mashed by steering wheel
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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 _____, 19____ and that death occurred at **5 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE W. P. [Signature]	23b. ADDRESS PARIS MO.	23c. DATE SIGNED 7-31-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG 2, 1954	24c. NAME OF CEMETERY OR CREMATORY HICKORY GROVE	24d. LOCATION (City, town, or county) (State) ASH, MO.
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DATE REC'D BY LOCAL REG. 7-31-54	REGISTRAR'S SIGNATURE J. A. Barnard	435	25. FUNERAL DIRECTOR'S SIGNATURE Speed Blakey	ADDRESS PARIS, MISSOURI
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JAN 23 1956

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 W. G. Blakey

Licensed Embalmer No. 2616

P. O. Address PARIS, MISSOURI

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.

18-10-1