

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28140

FILED AUG 18 1954

4277 State File No. 5036 Registrar's No. 50

BIRTH NO. _____		REG. DIST. NO. 175		PRIMARY REG. DIST. NO. 5036		Registrar's No. 50			
1. PLACE OF DEATH a. COUNTY LAWRENCE				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LAWRENCE					
b. CITY OR TOWN VERNON		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN VERNON		Springriver			
d. FULL NAME OF HOSPITAL OR INSTITUTION HENDERSHOT REST HOME				d. STREET ADDRESS (If rural, give location) VERNON, MO. 0 550					
3. NAME OF DECEASED (Type or Print) a. (First) WALTER			b. (Middle) BATES		c. (Last) BATES		4. DATE OF DEATH (Month) (Day) (Year) Aug 4 1954		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAY 10 - 1881		9. AGE (In years, last birthday) 70	10. MONTHS	11. DAYS		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) TEXAS		12. CITIZEN OF WHAT COUNTRY U.S.A.			
13a. FATHER'S NAME William BATES			13b. MOTHER'S MAIDEN NAME MARISSA WILLIAMS		14. NAME OF HUSBAND OR WIFE				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Homer Black, Vernon, 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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Medullary Paralysis Antecedent Causes Incurable intracranial pressure Due to (b) Thrombotic Encephalomalacia / cerebral hemorrhage Due to (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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)		332X			
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 June 2, 1954, to Aug. 4, 1954, that I last saw the deceased alive on Aug. 3, 1954, and that death occurred at G.A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) F. Avery Watson D.O.				23b. ADDRESS Vernon, Mo.		23c. DATE SIGNED Aug. 5 '54			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/6/54		24c. NAME OF CEMETERY OR CREMATORY Springriver		24d. LOCATION (City, town, or county) (State) VERNON MO.			
DATE REC'D BY LOCAL REG. 8-13-54		REGISTRAR'S SIGNATURE Ora Mcnatt 157		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Oscar L. Marsh, Vernon, Mo.					

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

550

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 _____

[Handwritten signature]

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

[Handwritten signature: Oscar L. Marsh]

Licensed Embalmer No. _____

3812

P. O. Address _____

Anora MD

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.