

FILED SEP 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30480**
Registrar's No. **4038**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4038			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY JOHNSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 2 months		c. CITY OR TOWN MERRIAM		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL				STREET ADDRESS (If rural, give location) 8600 W. 57th Street					
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) H. c. (Last) BATES			4. DATE OF DEATH (Month) (Day) (Year) August 17, 1954						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH December 25, 1918			
9. AGE (In years last birthday) 35		IF UNDER 1 YEAR Months 35		IF UNDER 11 HRS. Hours 35 Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager			10b. KIND OF BUSINESS OR INDUSTRY Printing and Stationery			11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Harold J. Bates		13b. MOTHER'S MAIDEN NAME Isabel M. Boos		14. NAME OF HUSBAND OR WIFE Betty I. Bates		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII		16. SOCIAL SECURITY NO. 496-07-3180		17. INFORMANT'S SIGNATURE OR NAME VA Hospital Official Records, K.C. Mo.				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, ashenia, etc. It means the disease, injury, or complication which caused death.									
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic passive congestion of lungs w/ pulmonary edema. Pneumonia upper lobe, bilateral									
DUE TO (b) Rheumatic heart disease, chronic w/ mitral and aortic valvulitis and adhesive									
DUE TO (c) pericarditis Pyelonephritis, chronic									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
INTERVAL BETWEEN ONSET AND DEATH 2 mos. 10 years 416X									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA		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 21, 1954 , to August 17, 1954 , XXXXXXXXXXXXXXXXXXXX and that death occurred at 6:30P m. , from the causes and on the date stated above.									
23a. SIGNATURE William E. Burger, M.D. <i>William E. Burger, M.D.</i> (Degree or title)				23b. ADDRESS VA Hospital, Kansas City, Mo.		23c. DATE SIGNED 8/18/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/20/54		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 8-20-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar-K.C., Mo.					

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

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 *Melvin D. ...*

Licensed Embalmer No. *49*

P. O. Address *HC 11*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.