Files and		THE DOCTOR OF THE		**************************************	
FILED APR	14 1955	THE DIVISION OF HE STANDARD CERTII	EALTH OF MISSOURI	•	. 8088
1-0/	2011-4-8	SAME CERTIF	TICATE OF DEATH	State File.	No. OVOO
1. PLACE OF DE	70 33	_ REG. DIST. NO. 149	PRIMARY REG. DIST. NO	100) Registrar	No. 1181
D a. COUNTY _		· · · · · · · · · · · · · · · · · · ·	2. USUAL RESIDENCE	(Where decessed lived.	If institution: residence befor
b. CITY (II outside corporate limite, write RURAL and give c. LENGTH OF			Missouri	b. COUNTY	_ Jackson dinimion
OR trouble corporate limits, write RURAL and give c. LENGTH OF TOWN Kansas City			c. CITY OR TOWN Kansas	. d.	Is Residence within limits of a city or incorporated town?
d. FULL NAME OF (If not in bospital or institution, give street address or location)			STREET (11-	CITY	Yes XX No D
INSTITUTION		ospital No. 1	19 ADDRESS 4641		314%
3. NAME OF DECEASED	a. (First)	b. (Middle)	c. (Last)	4. DATE (Mor	th) (Day) (Year)
(Type or Print) 5. SEX • 16	John COLOR OR RACE		Bates "A"	OF DEATH 2	ɪɪn) (Day) (Year) 26 1955
Male		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years if last birthday) Mo.	UNDER 1 YEAR IF UNDER 24 HRS.
10a. USUAL OCCUPATI	White ON (Give kind of work	Never married 10b. KIND OF BUSINESS OR IN-	2-26-1955	_!_	Days Hours Min.
done during most of work	ing life, even if retired)	DUSTRY	11. BIRTHPLACE (City and :	State or Foreign Country)	12. CITIZEN OF WHAT
13a. FATHER'S NAME		136. MOTHER'S MAIDEN	Kansas City, L	NAME OF HUSBAND OR	U.S. /
Gordon G.	Bates	Mary M. Ker		TAME OF HUSBAND OR	MILE .
15. WAS DECEASED EV	ER IN U.S. ARMED F fyee, rive war or dates o	ORCES? 16 SOCIAL SECURITY	43	NATURE OR NAME	ADDRESS
18. CAUSE OF DEATH		none	mary Bat	tes 4641	
Enter only one cause per	I, DISEASE OR CO	NOTTION	ERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
line for (a), (b), and (c)	DIRECTLY LEADIN		rity		- CHOCH AND BEATR
*This does not mean the mode of dying, such	ANTECEDENT CAL				,
as heart fallure, asthenia, etc. It means the dis-	rise to the above can the underlying caus	if any, giving DUE TO (b) ise (a) stating e last.			
ease, injury, or complica-		DUE TO (c)			
tion which caused death.	Christians contribut	CANT CONDITIONS ting to the death but not			7010
19a. DATE OF OPERA-	retuted to the direase	or condition causing death.	<u> </u>		1,110
TION	130. MAJOR PINDI	NGS OF OPERATION	· ·1	÷	20. AUTOPSY?
21a. ACCIDENT SUICIDE	(Specify) . 21	b. PLACE OF INJURY (e.g. in or about	21c. (CITY, TOWN, OR TOWNSH	1170	YES NO XX
HOMICIDE	ho	me, farm, factory, street, office Bidg., etc.)	LIG. (CITT, TOWN, OR TOWNSH	(COUNTY)	(STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (He	man man or or or other man	21f. HOW DID INJURY OCCUR		
	·	MAILE AT WORK AT WORK	•		
22. I hereby certify to alive on Feb.	hat I attended the	deceased from Feb. 26	19 55, to Feb. 26		last sain the deceased
23a. SIGNATURE		, and that death occurred at 1	L:USAm., from the cause	s and on the date sto	sted above.
120	Tonis	Durns. (Degree or title)	Z3b. ADDRESS ,		. 23c. DATE SIGNED
24a. BURIAL, CREMA- TIGOT REMOVAL (Specify)	24b. DATE	240. AME OF CEMETERY	OR CREMATORY 1244 LOC	ATION (CITY	2-28-55
enue	3-15-3	5 Luds	/1	ATION (City, town, or co	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIG	NATURE 2	5 ENNERAL DIRECTOR'S)	SIGNATURE	ADDRESS
3-16-55	neve n	unshall "	Am a STA	muyer 1	C mo

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse	side of this certificate was emb
I hereby certify that the body whose name is recorded on the reverse by me, or by	, Student Embalmer No

working under my personal supervision...

Signature of Student Embalmer

Men a 1

Licensed Embalmer No. 3.00

P. O. Address ...

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

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.