

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

|   |  |  |   |  |  |  |  |
|---|--|--|---|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>162</u>  |   | PRIMARY REG. DIST. NO. <u>5595</u>   |  | Registrar's No. <u>190</u>   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jefferson</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u><br>b. COUNTY <u>Jeff</u> |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Rural Rock</u>   |  | c. LENGTH OF STAY (in this place)<br><u>2 Months</u>   |   | c. CITY OR TOWN<br><u>Para Joachim</u>   |  | d. Residence within limits of a city or incorporated town?<br>No <input type="checkbox"/> Yes <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Four Oaks Nursing Home</u>  |  |  |   | e. STREET ADDRESS (If rural, give location)<br><u>Herculaneum, Mo</u>  |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Edward</u><br>b. (Middle) <u>Daley</u><br>c. (Last) <u>Bates</u>  |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Feb. 26, 1955</u> |  |  |  |  |
| 5. SEX<br><u>Male</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Never Married</u>   |  | 8. DATE OF BIRTH<br><u>Apr. 2, 1877</u>  |  |
| 9. AGE (In years last birthday)<br><u>78</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u> |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Handy Man</u>  |  | 11. BIRTHPLACE (City and State of Foreign Country)<br><u>Washington County, Mo.</u>                                    |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>  |  |  |   | 13a. FATHER'S NAME<br><u>John Bates</u>  |  |  |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Martha Govers</u>   |  |  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Never Married</u>  |  |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Clarence Bates, Herculaneum, Mo.</u>   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                       |  |  |   |  |  |  |  |
| MEDICAL CERTIFICATION   |  |  |   |  |  |  |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. Myocarditis</u>  |  |  |   |  |  |  |  |
| ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Ateris Pericardii</u>   |  |  |   |  |  |  |  |
| DUE TO (c) _____  |  |  |   |  |  |  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>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?<br>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)<br><u>Danvers Jefferson Mo</u>   |  | 21d. HOW DID INJURY OCCUR  |  |
| 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 <u>Oct 1954</u> , to <u>Feb 1955</u> , that I last saw the deceased alive on <u>2/20</u> , 19 <u>55</u> , and that death occurred at _____ m., from the causes and on the date stated above. |  |  |   |  |  |  |  |
| 23a. SIGNATURE (Name or title)<br><u>[Signature]</u>  |  |  |   | 23b. ADDRESS<br><u>[Signature]</u>   |  | 23c. DATE SIGNED<br><u>2/28/55</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>3/1/55</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>DeSoto Catholic Cem</u>   |  | 24d. LOCATION (City, town, or county) (State)<br><u>DeSoto, Mo.</u>  |  |
| DATE REC'D BY LOCAL REG.<br><u>3/5/55</u>   |  | REGISTRAR'S SIGNATURE<br><u>Ruth Jara</u> <u>438</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>[Signature]</u> <u>Fertus Mo</u>  |  |  |  |

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

MAR 8 1955

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 *Donald G. Vinyard*

Licensed Embalmer No. *46*

P. O. Address *.....*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.