

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		Registrar's No. 117	
1. PLACE OF DEATH a. COUNTY Randolph				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Moberly		c. LENGTH OF STAY (in this place) 11 days		c. CITY OR TOWN Cash		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Whittaker Hospital				f. STREET ADDRESS (If rural, give location) 0690			
3. NAME OF DECEASED (Type or Print) Robert Clifton Bates		a. (First)		b. (Middle)		c. (Last)	
4. DATE OF DEATH 5-11-55		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH 10/15/1880		9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		11. BIRTHPLACE (City and State or Foreign Country) Madison, (Missouri)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Madison, (Missouri)		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Ros Bates		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Wampler		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Edith Hyatt			
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) Carcinoma of stomach ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 157 X				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)			
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 May 1, 1955 , to May 1, 1955 , that I last saw the deceased alive on May 11, 1955 , and that death occurred at 6:05 P.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. T. Whittaker, D.O.				23b. ADDRESS Moberly, Missouri		23c. DATE SIGNED 5/14/55	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 5/13/55		24c. NAME OF CEMETERY OR CREMATORY Cash Cemetery		24d. LOCATION (City, town, or county) (State) Cash, Mo	
DATE REC'D BY LOCAL REG. 5/13/55		REGISTRAR'S SIGNATURE Seale W. Lowe		25. FUNERAL DIRECTOR'S SIGNATURE Fred A. Thompson		ADDRESS Madison, Mo	

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 *Mr. J. C. K...*

Licensed Embalmer No... 32

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.