1. PLACE OF DEATH 2. COUNTY Jackson D. CITY (If coulded corporate limits, write RURAL and give provided and provided corporate limits, write RURAL and give provided corpora	FILL OUT 1 D 4000	THE DIVISION OF HE	ALTH OF MISSOURI	•	20004
1. PLACE OF DEATH 2. COUNTY 1. PLACE OF DEATH 3. COUNTY 1. PLACE OF DEATH 4. COUNTY 1. PLACE OF DEATH 5. COUNTY 1. PLACE OF DEATH 6. COUNTY 1. PLACE OF DEATH 1. PLACE OF DE	FILLO OCT 17 1955	STANDARD CERTIF	ICATE OF DEATH	State File No	<i>5</i> 3681
1. PLACE OF DEATH 1. COUNTY 1.	BIDTH NO	REG. DIST. NO. /50	PRIMARY REG. DIST. NO.	5572 Registrar's No	60
B. COUNTY Jackson D. CITY III controls controls limits, write REPAL and give D. CITY III controls controls limits, write REPAL and give TOWN Prainte - Rural D. CITY III controls controls limits, write REPAL and give TOWN Prainte - Rural D. CITY III controls controls limits, write REPAL and give TOWN Prainte - Rural D. CITY III controls controls limits, write REPAL and give TOWN Prainter - Rural D. CITY III controls controls limits, write REPAL and give TOWN Prainter - Rural D. CITY III controls controls limits, write writes indices or treatment III Way 102 Lakevilew, St. D. CITY III Controls controls limits, write writes indices or treatment III Way 102 Lakevilew, St. D. DATH College (Caral), give beaution T. STREET OCT cand, give beaution T. STREET OCT cand, give beaution S. STREET OCT cand, give beaution T. DATH College (Cand) D. DATH College (Month) D. DATH College (Month) D. DATH College (Month) D. DATH College (Month) D. MARRIED REPART MARRIED NOV. 29, 1939 S. AGE (13 years) S. AGE (13 ye					on: residence befo
TOWN Prairie - Rural OF TOWN Prairie - Rural OF PROSPITATION OF A CENTRAL STREET OF TOWN Lee's Summit OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF PROSPITATION OF A CENTRAL STREET OF TOWN LEE'S SUMMIT OF STREET ON TOWN LEE'S SUMMIT OF STREET ON TWO LEE'S SUMMIT OF STREET ON TWO LEE'S SUMMIT OF STREET ON	a COUNTY		a. STATE Missour	b. COUNTY T _ 1	adınission
d. FULL NAME OF CIT est is happital or finalitation, give street address or location HoSPITALOR MI W. Lee's Summit, 50 Hillwy 102 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Hillwy 102 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Hillwy 102 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Hillwy 102 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Lakeview, St. 3. NAME OF MI W. Lee's Summit, 50 Lakeview, St. 3. NAME OF MI W. Lee's Summit, Sept. 18, 19 Lakeview, St. 3. NAME OF MI W. Lee's Summit, Sept. 18, 19 Lakeview, St. 3. NAME OF MI W. Lee's Summit, Sept. 18, 19 Lakeview, Sept. 18, 19 3. NAME OF MI W. Lee's Summit, Sept. 18, 19 Lakeview, Sept. 18, 19 Lakeview, Sept. 18, 19 3. NAME OF MI W. Lee's Summit, Sept. 19, AGE (10) sept. Lakeview, Sept. 18, 19 Lakeview, S	OR	township) SIAY (in this place)	OR T I C	ummit d. Is Residence elty or in Yes W	e within limits of corporated town?
3. NAME OF DECEASED Harold Deep Bates Determined the property of the property	d. FULL NAME OF (If not in hospital of HOSPITAL OR 1 M 1 W	r institution, give street address or location)	STREET (If ru		1000
OBJECASED PIND HATOID Type or Print) Male Collor or RACE Male Collor or RACE Minute Min					Day) (Vest)
Male White White White War of the White Marting of		Dean		DEATH Sept.	L8, 195
38. FATHER'S NAME Benjimen Bates Stella Bates 13b. Mother's Maiden Name Stella Bates 14. NAME OF HUSBAND OR VIFE Stella Bates 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yen. 20. or unknown) (If yen. sive war or dates of service) (16. SOCIAL SECURITY NO.) 18. CAUSE OF DEATH (Inter only openiuse per line for (a), (b), and (c) "This does not mean the mode of dying, such inter only openiuse or stellar, injury, or exhibition which caused death. ANTECEDENT CAUSES OPENIAL CREMA (Deedly) 19a. DATE OF OPENA TION 19b. MAJOR FINDINGS OF OPERATION 21c. ACCIDENT (Most) 10c. Line of Control of the disease or condition contributing to the death but not related to the disease or condition suching death. 21d. THIS (Most) 10c. Line of Control of the disease or condition auxing death. 21d. THIS (Most) 21d. ACCIDENT (Most) 10c. AUXING (Most) 10c. AU	4		J' _	9. AGE (In years IF UNDER I YE	
38. FATHER'S NAME BOT JIMEN BOT JIME	10a. USUAL OCCUPATION (Give kind of wo done during most of working life, even if retire		(City end	State or Foreign Country) 12 C	CITIZEN OF WHA
Benjimen Bates Stella Bates			 		, D. A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY IN NO. NO. 18. CAUSE OF DEATH 18. CAUSE OF DEATH 19. BLACK Of OPERA- This does not mean the dispersion of the mode of dying, such as heartfallure, sathenia, tet. It means the dispersion which caused death. 19. DATE OF OPERA- TION 19. MAJOR FINDINGS OF OPERATION 19. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUCIDED School (Day) (Year) (Eldus) 21b. PLACE OF INAIRY (as. in or about 10 place of 10 place		Nervi di Leli			
NO. NO. 18. CAUSE OF DEATH Enter only concentuse per Inter for (a), (b), and (c) This does not mean the mode of dying, such as heart failure, asthenia, tick. It means the dis- case, injury, or compilication which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or conditions causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. III. OTHER SIGNIFICANT CONDITIONS COLUMN TOWN OF TOWN OF TOWN OF TOWN O			· 	GNATURE OR NAME	ADDRESS
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (c) LEADING	(Yes, no, or unknown) (If yes, give war or da	tes of service) NO.			
19a. DATE OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE WHILEAT NOT WHILE 10F INJURY 22. I hereby certify that I attended the deceased from alive on 19a. Authors of the deceased from 22a. SIGNATURE (Degree or title) 22a. NAME OF CEMETERY OR CREMATORY 23b. ADDRESS DATE SIGNATURE (Degree or title) 22a. NAME OF CEMETERY OR CREMATORY DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE (Degree or title) 25c. AUTOPSY? YES NO (COUNTY) (STATE) 19b. MAJOR FINDINGS OF OPERATION (COUNTY) (STATE) 19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) (COUNTY) (COUNTY) (COUNTY) (COUNTY) (STATE) (COUNTY) (CO	the mode of dying, such as heart failure, asthenia, etc. It means the discase, injury, or complication which caused death. II. OTHER SIG	DUE TO (c) NIFICANT CONDITIONS tributing to the death but not	actured	Shulf	ina
21a. ACCIDENT (Specify). 21b. PLACE OF INJURY (e.g., in or about Home). (COUNTY) (STATE) SUICIDE HOMICITE (Month) (Day) (Year) (Hom) (21e. INJURY OCCURRED OF INJURY OCCURRED OCCUR				2	0. AUTOPSY?
SUICIDE HOMICIDE (Month) (Day) (Year) (Eldu) (218. INJURY OCCURRED OF INJURY OCCURRED OCC				100	YES I NO L
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY - C WHILE AT WORK NOT WHILE WORK NOT WHILE AT WORK 1 attended the deceased from	SUICIDE	21b. PLACE OF INJURY (e.g., in or about home, farm, factors atreat office bldg.	21c. (CITY, TOWN, OR TOWN	SHIPY (COUNTY)	(STATE)
alive on	OF // 100 / '	(Hour) 21e. INJURY OCCURRED	211 HOW DID INJURY OCCU	Leine a	ues
alive on	22. I hereby certify that I attende	d the deceased from	, 19, lo		
24a. BURIAL. CREMA: 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town or county) (State 10 Mg. 1955 Lee's Summit Com Lee's Summit Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 480-25, FUNERAL DIRECTOR'S SIGNATURE ADDRESS MC. 9-19-1857 . Some South Director's Signature ADDRESS MC.		, and that death occurred at	m., from the car		
Date REC'D BY LOCAL REGISTRAR'S SIGNATURE 487-25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MC 19-19-19-19-19-19-19-19-19-19-19-19-19-1	238. SIGNATURE	(Degree or title)	23b. ADDRESS	to Block	3. DATE SIGNE
Date REC'D BY LOCAL REGISTRAR'S SIGNATURE 487-25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS MC 19-19-19-19-19-19-19-19-19-19-19-19-19-1	24a. BURIAL, CREMA- 24b. DATE TION BEMOVAL (Speedly)	1			(State)
9-19-193 71. Sana stand Olangsford Funeral Home, Lee's Summ		21, 1955 Lee's S	ummit Com Le	e's Summit,	MO.
(Lighted Embalmer's Statement on Reverse Side)	9-19-1955 77.	· / / / / / / / / / / / / / / / / / / /	Langsford Fur	neral Home, Lee'	1410
		(Lighted Embalmer's	Statement on Reverse Side)		

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

working under my personal supervision..

Signed B. Langerford Jane

P. O. Address Lee's Summ

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.