

FILED OCT 17 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33681

BIRTH NO. _____		REG. DIST. NO. 150		PRIMARY REG. DIST. NO. 5572		Registrar's No. 160	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Prairie - Rural		c. LENGTH OF STAY (In this place) 15 years		c. CITY OR TOWN Lee's Summit		d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 1/2 Mi W. Lee's Summit, 50				e. STREET ADDRESS (If rural, give location) Highway 102 Lakeview, St.			
3. NAME OF DECEASED (Type or Print) a. (First) Harold		b. (Middle) Dean		c. (Last) Bates		4. DATE OF DEATH (Month) (Day) (Year) Sept. 18, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 29, 1939	
9. AGE (In years last birthday) 15		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		11. BIRTHPLACE (City and State or Foreign Country) Lee's Summit, Missouri		12. CITIZEN OF WHAT COUNTRY? M. S. A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY School		11. BIRTHPLACE (City and State or Foreign Country) Lee's Summit, Missouri		12. CITIZEN OF WHAT COUNTRY? M. S. A.	
13a. FATHER'S NAME Benjimen Bates		13b. MOTHER'S MAIDEN NAME Stella Bates		14. NAME OF HUSBAND OR WIFE -----			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO. 488-40-9500		17. INFORMANT'S SIGNATURE OR NAME Mrs. Stella Bates, Lee's Summit, Mo.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Subdural Subarachnoid Hemorrhage Interstitial Hemorrhage Fractured Skull ANTECEDENT CAUSES Morbid 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				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) Highway		21c. (CITY, TOWN, OR TOWNSHIP) Jackson		21d. (COUNTY) MO	
21d. TIME OF INJURY 9-18 55		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR One Over Turned Over			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Hugh A. Owens, Owner				23b. ADDRESS 1034 Pinto Blac		23c. DATE SIGNED 9-19-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 21, 1955		24c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cem		24d. LOCATION (City, town, or county) Lee's Summit, Mo.	
DATE REC'D BY LOCAL REG. 9-19-1955		REGISTRAR'S SIGNATURE N. B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE 489-0 Langsford Funeral Home, Lee's Summit		ADDRESS Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *N. B. Langstaff*.....  
Licensed Embalmer No. 4962

P. O. Address Lee's Summit

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.