

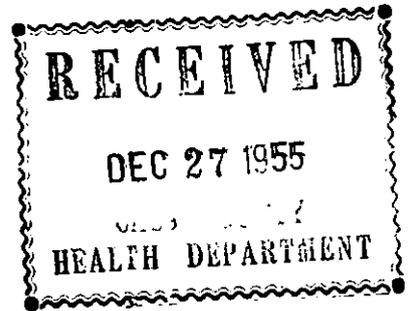
No. 300  
 10-48  
 1955  
 4  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 39920

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5227		Registrar's No. 169			
1. PLACE OF DEATH a. COUNTY Cass				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Bates					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Peculiar Twp		c. LENGTH OF STAY (In this place) 7 months		c. CITY OR TOWN Adrain		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Pleasant View Rest Home				e. STREET ADDRESS (If rural, give location) 00701					
3. NAME OF DECEASED (Type or Print) a. (First) Manda		b. (Middle) Millisa		c. (Last) Bills		4. DATE OF DEATH (Month) (Day) (Year) Dec. 16 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 31, 1875			
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (City and State or Foreign Country) Beardstown Illinois		12. CITIZEN OF WHAT COUNTRY? USA			
10a. KIND OF BUSINESS OR INDUSTRY		13a. FATHER'S NAME James M. Clark		13b. MOTHER'S MAIDEN NAME Sarah Jane Davidson		14. NAME OF HUSBAND OR WIFE J. McClure Bills			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS R. A. Bills Pleasant Hill, Missouri					
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute & Chronic Ascending Pyelonephritis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CHRONIC CYSTITIS DUE TO (c) 6000 II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Old Cerebrovascular Accident 1964						INTERVAL BETWEEN ONSET AND DEATH 3 WKS  1 YR	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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 NONE, 19 55, to Dec. 16, 19 55, that I last saw the deceased alive on 12-16-55, 19, and that death occurred at 11:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE J.C. Moody, M.D. (Doctor or title)				23b. ADDRESS Harrisonville Missouri		23c. DATE SIGNED 12-18-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-18-55		24c. NAME OF CEMETERY OR CREMATORY Pleasant Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Near Harrisonville, Mo.			
DATE REC'D BY LOCAL REG. Dec 18, 1955		REGISTRAR'S SIGNATURE Dora Barward 457-01		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robinson Bros. Harrisonville, 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.. *Robert W. Atkinson* .....

Licensed Embalmer No. *4902*

P. O. Address *Hausman, N.J.*

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.