

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7707

State File No. ....

FILED MAR 5 1956

BIRTH NO. 21513-56 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 39

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Carroll</u>		
b. CITY OR TOWN <u>Marshall</u>		c. LENGTH OF STAY (in this place) <u>1 hr</u>	c. CITY OR TOWN <u>Carrollton</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbon Memorial Hosp</u>			e. STREET ADDRESS (If rural, give location) <u>1225 So Main</u>		
3. NAME OF DECEASED (Type or Print) <u>Mary</u>			a. (First)	b. (Middle)	c. (Last) <u>Bates</u>
4. DATE OF DEATH <u>March 1 1956</u>		(Month)	(Day)	(Year)	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>March 1, 1956</u>		9. AGE (In years last birthday) <u>47</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Marshall Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Joseph Benjamin Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Esther Pauline Weigert</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Joseph Bates</u>		ADDRESS <u>Carrollton Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hydrocephalus - Monotocity</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u> 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 <u>752X</u>				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 <u>Feb 29, 1956</u> , to <u>March 1, 1956</u> , that I last saw the deceased alive on <u>March 1, 1956</u> , and that death occurred at <u>11 a m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. M. R. Lawrence</u>		(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Marshall, Mo</u>		23c. DATE SIGNED <u>3-2-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 1, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Powell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-3-56</u>	REGISTRAR'S SIGNATURE <u>Civil S. Reed Deputy</u>		385-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Staudky &amp; Gibson</u>	
		ADDRESS <u>Carrollton, Mo</u>			

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**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..... *Ben W. Gibson* .....

Licensed Embalmer No. *296*

P. O. Address *Camerton*

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.