

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH14273
State File No. 49

BIRTH NO. 62152-55		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4427		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Texas					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Waynesville		c. LENGTH OF STAY (in this place) 1 hr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		10th Lunch twp			
d. FULL NAME OF HOSPITAL OR INSTITUTION Waynesville General Hospital				d. STREET ADDRESS (If rural, give location) 3 Mi E of Success Mo					
3. NAME OF DECEASED (Type or Print) a. (First) Doretta b. (Middle) Mae c. (Last) Bates				4. DATE OF DEATH (Month) (Day) (Year) April 7, 1956					
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH Sept 10, 1955			
9. AGE (In years last birthday) 71		10. MONTHS 6		11. DAYS 27		12. IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) L				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Success Mo			
12. CITIZEN OF WHAT COUNTRY? U.S.									
13a. FATHER'S NAME Adam Bates				13b. MOTHER'S MAIDEN NAME Leta Harper		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 Adam Bates Success 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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary & cardiac arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) pulmonary angina DUE TO (c) bilateral lobar pneumonia II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 week	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION 490x				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 April 7, 1956, to April 7, 1956, that I last saw the deceased alive on April 7, 1956, and that death occurred at 7 p.m., from the causes and on the date stated above.									
23a. SIGNATURE B. J. Myers D.O.				23b. ADDRESS Licking, Mo		23c. DATE SIGNED 4-11-56			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 4-9-56		24c. NAME OF CEMETERY OR CREMATORY Oakland Cem		24d. LOCATION (City, town, or county) (State) Texas Mo			
DATE REC'D BY LOCAL REG. 4-11-56		REGISTRAR'S SIGNATURE Eula E. Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Smith & Ferguson		ADDRESS Licking Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 4-11-56
Pulaski County Health Officer
File Number
Date Filed 4-11-56

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

Student Embalmer

Signed

Robert E. Ferguson

Licensed Embalmer No. 3945

P. O. Address *Licking Mo.*

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 this body is not embalmed, fact should be so stated above.