

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **15584**BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **566**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). --a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 6 months	c. CITY OR TOWN St. Joseph	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 2301 S. 28th St.		e. STREET ADDRESS (If rural, give location) 2301 S. 28th St.	

3. NAME OF DECEASED (Type or Print) a. (First) ETHEL	b. (Middle) FLORENCE	c. (Last) BATES	4. DATE OF DEATH (Month) (Day) (Year) May 19, 1956
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Jan. 27, 1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeping		10b. KIND OF BUSINESS OR INDUSTRY at home	9. AGE (In years last birthday) 59 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 HRS.: Hours _____ Min. _____
11. BIRTHPLACE (City and State or Foreign Country) Paola, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Edward Egell	13b. MOTHER'S MAIDEN NAME Lydia Emmert	14. NAME OF HUSBAND OR WIFE Thomas Bates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Leta C. Hopkins, 2301 S. 28th St., St. Joseph, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion	DUE TO (b) Coronary Insufficiency		approx 10dg
ANTECEDENT CAUSES Coronary Insufficiency	DUE TO (c) Arteriosclerotic Cardiovascular disease		?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes		?
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) 4201
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 **2-4**, 19**56**, to **5-19**, 19**56**, that I last saw the deceased alive on **5-19**, 19**56**, and that death occurred at **12:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>Wm B. Hopkins</i>	23b. ADDRESS 316 North St Joseph	23c. DATE SIGNED 5-21-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 5/19/1956	24c. NAME OF CEMETERY OR CREMATORY Paola, Kansas
24d. LOCATION (City, town, or county) (State)		

DATE REC'D BY LOCAL REG. May 24, 1956	REGISTRAR'S SIGNATURE <i>Ethel M. Allison</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Newton-Bowman St Joseph</i>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 *William Spalding*.....

Licensed Embalmer No. *4535*

P. O. Address *719 S. 10th*.....

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.