

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30086**

FILED OCT 8 1956

BIRTH NO. _____ REG. DIST. NO. **56** PRIMARY REG. DIST. NO. **5193** Registrar's No. **8**

1. PLACE OF DEATH a. COUNTY Carroll		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give township) Rural- EGYPT-TWP	c. LENGTH OF STAY (in this place) 30 minutes	c. CITY OR TOWN Richmond	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 1 1/2 miles east Norborne, Mo.		e. STREET ADDRESS (If rural, give location) 102 East Black Diamond	

3. NAME OF DECEASED (Type or Print) a. (First) HOLLIS b. (Middle) R c. (Last) BATES			4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 21, 1909	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months 7 Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Carrollton, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Bates	13b. MOTHER'S MAIDEN NAME Mary Ellen Riley	14. NAME OF HUSBAND OR WIFE Christine (Stanley) Bates
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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 487-07-1821	17. INFORMANT'S SIGNATURE OR NAME Mrs. Hollis Bates, Richmond, Mo.	ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck and Crushed		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chest,		
	DUE TO (c) 1. Car Accident. 1 1/2 Miles East of Norborne, Mo on Highway #10		
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) Accident Highway 10	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 10	21c. (CITY, TOWN, OR TOWNSHIP) Norborne (COUNTY) CARROLL (STATE) MO.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 29 1956 4 P.M.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? 1 (one) Car Accident.

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 **4 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Ray Dickerson	(Degree or title) Coroner	23b. ADDRESS Raymond, Mo	23c. DATE SIGNED Sept 29 1956
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 10-2-1956	24c. NAME OF CEMETERY OR CREMATORY Woodland Cemetery	24d. LOCATION (City, town, or county) (State) Richmond, Missouri
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DATE REC'D BY LOCAL REG Oct 1st 1956	REGISTRAR'S SIGNATURE Sileen Pennington	25. FUNERAL DIRECTOR'S SIGNATURE Thomas J. Carter	ADDRESS Richmond, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

46-0

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 *Thomas J. Carter*

Licensed Embalmer No. 4174

P. O. Address Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.