

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33482

State File No. ....

FILED NOV 13 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 144

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY-OR TOWN <u>Boonville</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>St. Joseph's Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS <u>918 4th St.</u>	

0270

3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCINDA</u>		b. (Middle) <u>COX</u>		c. (Last) <u>BATES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 6, 1956</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>married</u> (Specify)		8. DATE OF BIRTH <u>Feb. 11, 1886</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Days
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>James Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Malinda Schultz</u>		14. NAME OF HUSBAND OR WIFE <u>Henry Bates</u>	
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>Henry Bates - Boonville, 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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Interstitial Nephritis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with chronic state</u>		
	DUE TO (c) <u>Arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Scabies</u>			

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) <u>446x</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May, 1956, to Nov 6, 1956, that I last saw the deceased alive on Nov 6, 1956, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>M. D. DeLoe</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Boonville Mo</u>		23c. DATE SIGNED <u>11/7/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov. 8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri</u>			

DATE REC'D BY LOCAL REG. <u>11/7/56</u>	REGISTRAR'S SIGNATURE <u>W. Hooper</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Shaker</u>		ADDRESS <u>Boonville, Mo.</u>	
--	---	--	--	----------------------------------	--

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

381

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 *Berry W. Thacker*

Licensed Embalmer No. *3944*

P. O. Address *Barnstable*  
*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.