

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33570**

FILED NOV 5 - 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **221**

1. PLACE OF DEATH a. COUNTY <b>FRANKLIN</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>FRANKLIN</b>	
b. CITY OR TOWN <b>WASHINGTON</b>		c. CITY OR TOWN <b>WASHINGTON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <b>362</b>
c. LENGTH OF STAY (In this place township) <b>1 mo. 18 da</b>		e. STREET ADDRESS (If rural, give location) <b>414 EAST Second St.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. FRANCIS Hosp</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>EMMA</b> b. (Middle) <b>BATES</b> c. (Last) <b>BATES</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>October 29 1956</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>COL.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAR. 2, 1885</b>
9. AGE (In years last birthday) <b>71</b>		IF UNDER 1 YEAR Months <b>7</b> Days <b>27</b>	IF UNDER 24 HRS. Hours <b>1</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEKEEPER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>WASHINGTON MISSOURI</b>
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>WILLIAM BARNES</b>		13b. MOTHER'S MAIDEN NAME <b>SALLY BUTLER</b>	14. NAME OF HUSBAND OR WIFE <b>GEORGE BATES</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>487-38-0248</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JESSE BATES 414 E. Second WASHINGTON Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary occlusion</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Since 11 Sep 56</b>	
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (b) <b>Arterio-sclerotic C-U-R disease</b>	
DUPLICATE (c) <b>old age</b>		DUPLICATE (d) <b>None</b>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <b>None</b>			
19a. DATE OF OPERATION <b>none</b>	19b. MAJOR FINDINGS OF OPERATION <b>none</b>		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) <b>4201</b>	
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 <b>11 Sep 56</b> , 1956, to <b>29 Oct 56</b> , 1956, that I last saw the deceased alive on <b>29 Oct 56</b> , 1956, and that death occurred at <b>5:55 pm.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Raymond Boesp, MD</b>		23b. ADDRESS <b>Washington Mo.</b>	23c. DATE SIGNED <b>30 Oct 56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>NOV 3 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>WASHINGTON MISSOURI</b>
DATE REC'D BY LOCAL REG. <b>10/31/56</b>	REGISTRAR'S SIGNATURE <b>J.P. Heidman</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Henry W. Otto WASHINGTON Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

99-0

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 none....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Henry W. Otto.....  
Licensed Embalmer No. 3560  
P. O. Address Washington

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.