FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 40052

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2586

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kirkwood — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 537 W. Adams St. — Length of stay in Ib: 57 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Macoupin
c. CITY OR TOWN: Carlinville 8120 8 — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): Route 1, Box 27 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print): First: Leroy Middle: C. Last: Bates
4. DATE OF DEATH: Month Oct. Day 31 Year 1956
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH: July 31, 1880
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (City and state or country): Carlinville, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Atison Bates
14. MOTHER'S MAIDEN NAME: Ellen Carr
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 333-32-3287
17. INFORMANT: Virginia Clamp, 537 W. Adams, Kirkwood, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pyelonephritis (non calculus) — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinoma Prostate — 5yrs
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 177X
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY: Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 3-21-56 to 10-29-56 and last saw him alive on 9-9-56
Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: [signature] (Degree or title) M.D.
22b. ADDRESS: 607 N. Grand
22c. DATE SIGNED: 10/31/56
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 10-31-56
23c. NAME OF CEMETERY OR CREMATORY: Mayfield Cemetery
23d. LOCATION (City, town, or county) (State): Carlinville, Ill.
24. FUNERAL DIRECTOR: Albert H. Hoppe — ADDRESS: 4700 Washington Blvd.
25. DATE RECD. BY LOCAL REG.: 11-1-56
26. REGISTRAR'S SIGNATURE: Herbert R. Domke, M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Death certificate must be filed within 24 hours. Coroner cannot certify to a death due to natural causes. Coroner, Coroner, must use only standard nomenclature in Part I. Pathologist with knowledge of autopsy findings may certify to diseases in Part I must be casually related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, ~~or by~~....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elmo R. Gadw

Licensed Embalmer No. 40

P. O. Address St. Lo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.