

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15917**

FILED MAY 1 - 1957

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

BIRTH NO. _____		REG. DIST. NO. 354		PRIMARY REG. DIST. NO. 1200		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Texas				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Texas					
b. CITY (If outside corporate limits, write RURAL and give township) Huggins		c. LENGTH OF STAY (in this place) 60 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Huggins-Upton Twp. 10th		d. STREET ADDRESS (If rural, give location) Rural-Texas County			
d. FULL NAME OF HOSPITAL OR INSTITUTION Rural-Texas County				d. STREET ADDRESS Rural-Texas County					
3. NAME OF DECEASED a. (First) Leora b. (Middle) Annis c. (Last) Bates			4. DATE OF DEATH April 21, 1957		5. SEX Female		6. COLOR OR RACE White		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/25/1898		9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) ILLINOIS U.S.A.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Stockwell			
13b. MOTHER'S MAIDEN NAME Trachel Hollowell		14. NAME OF HUSBAND OR WIFE Gohn Bates		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Arlo Bates, Huggins, Mo		ADDRESS			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary Edema DUE TO (c) Cerebral-Vascular Accident II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 3 days 2 weeks 2 weeks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331x			
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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			
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 October 19th to April 20th, 1957 , that I last saw the deceased alive on April 20, 1957 , and that death occurred at 3:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Richard H. Mitchell DO.		(Degree or title)		23b. ADDRESS Mtn. Shade, Missouri		23c. DATE SIGNED 4-24-57			
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE 4/24/1957		24c. NAME OF CEMETERY OR CREMATORY Dutch Chapel		24d. LOCATION (City, town, or county) (State) Embree Missouri			
DATE REC'D BY LOCAL REG. 5-1-57		REGISTRAR'S SIGNATURE Raymond H. [unclear]		25. FUNERAL DIRECTOR'S SIGNATURE R.W. Barber - Mtn. Shade, Mo		ADDRESS			

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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
Student Embalmer

Signed Burgis Stapp

Licensed Embalmer No. 5161

P. O. Address Mr. Stapp, 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 this body is not embalmed, fact should be so stated above.