

FILED JUN 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20846

STATE FILE NUMBER

Registration District No. 113 Primary Registration District No. 4185 Registrar's No. 621

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Franklin</u>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	a. STATE <u>Mo</u>	b. COUNTY <u>Pulaski Co.</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St Clair</u>	Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Waynesville, Mo.</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION	Length of stay in 1b	d. STREET ADDRESS <u>0850</u>	(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
<u>Wesley Alvin Bates</u>			<u>June 7 1957</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	<u>Aug 19 1919</u>	<u>37</u>	Months <u>9</u> Days <u>19</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
<u>Shoes & Clothing Store</u>		<u>selling</u>		<u>Taxes Co. Mo.</u>	
13. FATHER'S NAME			12. CITIZEN OF WHAT COUNTRY?		
<u>Bert Loyd Bates</u>			<u>U.S.A.</u>		
14. MOTHER'S MAIDEN NAME			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		
<u>Stella Marie Brown</u>			<u>none</u>		
16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
<u>none</u>		<u>Wayne Bates</u>		<u>646 1/2 Maple Court Waynesville, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>MULTIPLE INJURIES AND</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (a) <u>BURNING IN AIRCRAFT</u>		
DUE TO (c) <u>CRASH -</u>		<u>866X INSTANT.</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
		<u>39</u>

20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
		<u>AIRCRAFT ACCIDENT</u>	
20c. TIME OF INJURY		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<u>11:15 p.m. 6/17/57</u>		<u>ST. CLAIR AIRPORT</u>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION	
		<u>ST. CLAIR</u>	
		COUNTY <u>FRANKLIN</u> STATE <u>MO</u>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE		22b. ADDRESS	
<u>[Signature]</u>		<u>646 1/2 Maple Court Waynesville, Mo</u>	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify)	
<u>6/18/57</u>		<u>Burial</u>	
23b. DATE		23c. NAME OF CEMETERY OR CREMATORY	
<u>June 10/1957</u>		<u>Oak Hill Cem.</u>	
23d. LOCATION (City, town, or county)		23e. LOCATION (City, town, or county)	
<u>Waynesville, Mo.</u>		<u>Houston, Mo.</u>	

24. FUNERAL DIRECTOR		25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE	
<u>Sherwood W. Kitchell</u>		<u>6/18/57</u>		<u>[Signature]</u>	
ADDRESS					
<u>St. Clair Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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vice

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MIP
8-11-55

JUL 11 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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..