

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 1 1957

State File No. **35661**
4734

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Lee's Summit</u>		d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>St. Lukes Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>601 Meadow Lane</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Doris</u>		b. (Middle) <u>Marion (Jack)</u>		c. (Last) <u>Bates</u>	
4. DATE OF DEATH <u>Oct. 10, 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Mar. 3, 1907</u>		9. AGE (In years last birthday) <u>50</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dillard, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Lewis Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Hulda Wisdom</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Bates - Wife</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>490-42-0985</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dorothy Bates, 601 Meadow Lane, Lee's Summit, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>In myocardial Infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Previous Myocardial Infarction</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hr</u> <u>2 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? ☒ YES ☐ NO	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Oct 8, 1957</u> , to <u>Oct 10, 1957</u> , that I last saw the deceased alive on <u>Oct 10, 1957</u> , and that death occurred at <u>8:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>William F. Bell M.D.</u>		23b. ADDRESS <u>Lee's Summit</u>		23c. DATE SIGNED <u>10-17-57</u>			
24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>Oct. 13, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-14-57</u>		REGISTRAR'S SIGNATURE <u>Neer Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Langsford Funeral Home, Lee's Summit, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
William F. Bell

NOV 1 1957



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

N. B. Langford Jr.

Licensed Embalmer No. *4962*

P. O. Address *Lee's Summit*

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.