

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001165

STATE FILE NUMBER

FILED JAN 14 1959

Registration District No. 144

Primary Registration District No. 4234

Registrar's No. 4

300
-57

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pilot Knob 0470 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.		Length of stay in 1b 3 da.	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) LYMAN THEADORE BATES			4. DATE OF DEATH Month Jan. Day 8 Year 1959		
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 7 1907	9. AGE (In years and birthday) 51	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) driller	10b. KIND OF BUSINESS OR INDUSTRY lead co.	11. BIRTHPLACE (City and state or country) Esther, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Harland Bates		13b. MOTHER'S MAIDEN NAME Emma Jinkerson	14. NAME OF HUSBAND OR WIFE Nellie Bates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO.	17. INFORMANT Jacquelyn Parmer, Ironton Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary of Heart		INTERVAL BETWEEN ONSET AND DEATH 163x
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
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 type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 1-4-59 to 1-8-59 and last saw ^{her} alive on 1-8-59 Death occurred at 12.20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.	22a. SIGNATURE (Degree or title) Dr. J. H. Jones - M.D.	22b. ADDRESS Ironton, Mo.	22c. DATE SIGNED 1-10-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 1-11-59	23c. NAME OF CEMETERY OR CREMATORY Middlebrook Cemetery	23d. LOCATION (City, town, or county) (State) Middlebrook Mo.
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24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.	ADDRESS and White	25. DATE RECD. BY LOCAL REG. 1-10-59	26. REGISTRAR'S SIGNATURE Miss Avis Jones
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Arnold J. White*

Licensed Embalmer No. *3012*

P. O. Address *Orton, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.