

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024985

FILED VS. JUL 31 1959 49

Primary Registration District No. 1022 Registrar's No. 3491

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 1 week		c. CITY OR TOWN Richmond		Inside Limits Yes ☒ No ☐		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital			Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 727 E. Main		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last HORACE - BATES				4. DATE OF DEATH Month Day Year July 16, 1959				
5. SEX ☒ Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH 3/30/1883	9. AGE (last birthday) 76	IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired groceryman		10b. KIND OF BUSINESS OR INDUSTRY Retail & whls. groc.		11. BIRTHPLACE (City and state or country) Ray County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME Charles Franklin Bates, jr.			13b. MOTHER'S MAIDEN NAME Virginia Lamar		14. NAME OF HUSBAND OR WIFE Mary Pierce Clarke			
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. -		17. INFORMANT Address Frank Bates, 4007 Euclid, Kansas City, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Peripneumonia Vascular Collapse (Shock) DUE TO (c) Hepatic Insufficiency						INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒		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 16		COUNTY STATE		
21. I attended the deceased from 7-14-59 to 7-14-59 and last saw him alive on 7-14-59 Death occurred at 8:30 p. m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE W.K. Sullivan M.D. (Degree or title) ☐				22b. ADDRESS 4635 Wyandotte Richmond Mo 7-17-59		22c. DATE SIGNED		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE July 18, 1959		23c. NAME OF CEMETERY OR CREMATORY Sunny Slope Cemetery		23d. LOCATION (City, town, or county) (State) Richmond, Mo.		
24. FUNERAL DIRECTOR Thurman Funeral Home, Richmond, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-17-59		26. REGISTRAR'S SIGNATURE W.K. Sullivan		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

4635 Wagonette

VS JUL 31 1959

STATEMENT BY LICENSED EMBALMER

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

doctor, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Levent Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, 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.