

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027892

FILED VS JUL 21 1959

Registration District No. 300 Primary Registration District No. 3076 Registrar's No. 149

STATE FILE NUMBER

DEED

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Vernon</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada, Missouri</u>		Length of stay in 1b <u>40 yrs.</u>		c. CITY OR TOWN <u>Nevada, Missouri</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 <u>Home 715 North Cedar St</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>715 North Cedar St.</u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Dollie</u> Middle <u>Bates</u> Last <u>Bates</u>				4. DATE OF DEATH Month <u>July</u> Day <u>9</u> Year <u>1959</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>Nov. 14-1873</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>25</u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and state or country) <u>Henry County Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Thomas Griffin</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>D.C. Bates</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> <u>none</u>			16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT Address <u>715 N-Cedar</u> <u>D.C. Bates, Husband, Nevada, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 day.</u>	
DUE TO (b) <u>Hypertensive Circulatory Disease</u>							<u>Don't Know</u>	
DUE TO (c) <u>-----</u>								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Advanced age.</u>						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
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.) <u>-----</u>					
20c. TIME OF INJURY Hour <u>-----</u> a.m. <u>-----</u> p.m. Month, Day, Year <u>-----</u>			20d. INJURY OCCURRED WHILE AT WORK <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.) <u>-----</u>		20f. CITY, TOWN, OR LOCATION <u>Nevada - Vernon - Mo.</u>			COUNTY <u>-----</u>		STATE <u>-----</u>	
21. I attended the deceased from <u>July 1st</u> to <u>July 9-59</u> and last saw her alive on <u>July 8-1959</u> . Death occurred at <u>about 7 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>W. Love</u> (Degree or title)				22b. ADDRESS <u>Nevada, Mo</u>		22c. DATE SIGNED <u>7/12/59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>7-11-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Appleton City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Appleton City, Missouri</u>			
24. FUNERAL DIRECTOR <u>Hays Funeral Service, Inc.</u> <u>Nevada, Missouri</u>				25. DATE RECD. BY LOCAL REG. <u>7-15-1959</u>		26. REGISTRAR'S SIGNATURE <u>Anna E. Jerry</u>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed

Richard L. Lippin

Licensed Embalmer No. 5053

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.