

# MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS OCT 20 1959

59-037337

STATE FILE NUMBER

Registration District No. 316 Primary Registration District No. 7 Registrar's No. 396

RECEIVED

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Francois</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWNSHIP <b>St. Francois Township</b>		Length of stay in 1b <b>13 das.</b>	c. CITY OR TOWN <b>Farmington,</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>State Hospital No. 4</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>502 Webster St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>PERRY</b> Middle <b>EDMOND</b> Last <b>BATES</b>			4. DATE OF DEATH Month <b>October</b> Day <b>5,</b> Year <b>1959</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb. 9, 1888</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>28</b> Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming and maintenance work.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Franklin County, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Samuel Bates</b>		13b. MOTHER'S MAIDEN NAME <b>Anstein Bloodsow</b>		14. NAME OF HUSBAND OR WIFE <b>Minnie F. Kicker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT <b>Records, State Hospital No. 4, Farmington, Mo.</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral thrombosis - - - - -</b>		INTERVAL BETWEEN ONSET AND DEATH <b>13 days</b>
DUE TO (b) <b>Generalized arteriosclerosis - - - - -</b>		<b>Unknown.</b>
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) <b>Psychosis with cerebral arteriosclerosis .</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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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 _____ a.m. _____ p.m. Month, Day, Year _____	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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **Sept. 22, 1959** to **October 5, 1959** and last saw him live on **Oct. 5, 1959**  
Death occurred at **4:00 P. M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>John A. Brennan, M.D.</i>		22b. ADDRESS <b>State Hospital No. 4 Farmington, Missouri</b>		22c. DATE SIGNED <b>10-15-59</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 8, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Doe Run Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Doe Run, Missouri</b>	

24. FUNERAL DIRECTOR <b>Cozean Funeral Home, Farmington, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>Oct. 15, 1959</b>	26. REGISTRAR'S SIGNATURE <i>Esther Rudloff</i>
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(Licensed Embalmer's Statement on Reverse Side)

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 me  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Chicozeau*  
408

Licensed Embalmer No. \_\_\_\_\_

P. O. Address *Farmingdale*

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.