

JRL DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-006917

FILED VS FEB 25 1960

STATE FILE NUMBER

Registration District No. 159 Primary Registration District No. 5591 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST LOUIS.		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO		Length of stay in 1b 3# MTHS	c. CITY OR TOWN BISSELL HILLS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CASTLE ACRE NURSING HOME		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 1239 ROXTON DR.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First NEVILLE Middle CARTER Last BATES			4. DATE OF DEATH Month FEB, 18, 1960 Day Year		
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/20/1897	9. AGE (last birthday) 62	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARTENDER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) ST LOUIS MISSOURI	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME WILLIAM BATES		13b. MOTHER'S MAIDEN NAME UNKNOWN REESE	
14. NAME OF HUSBAND OR WIFE CECILIA BATES		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 702-16-3543	
17. INFORMANT CECILIA BATES 1239 ROXTON DR.		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Gen. arterio-sclerosis</i> DUE TO (b) <i>2/ cerebral thrombosis</i> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>yes</i> <i>2 mba</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Bilateral amputations due to arterio-sclerosis</i>			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		
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 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 <i>Feb 7, 1960</i> to <i>Feb 18, 60</i> and last saw him live on <i>Feb 15, 60</i> Death occurred at <i>8:45 A</i> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>Marv. J. Hiesty M.D.</i>			22b. ADDRESS <i>Desoto, Mo</i>		22c. DATE SIGNED <i>Feb 19, 60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 2/23/60	23c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY		23d. LOCATION (City, town, or county) JEFFERSON BARRACKS MISSOURI	
24. FUNERAL DIRECTOR STROOT - CARROLL 4600 NATURAL BRIDGE AVE		25. DATE RECD. BY LOCAL REG. 2-19-60		26. REGISTRAR'S SIGNATURE <i>Olta Dunder, Sec</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SEP 28 1960

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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 M W Rueter

Licensed Embalmer No. 4865
P. O. Address St Louis, Mo

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.