

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-028026

FILED VS. AUG 3 1960

316

Primary Registration District No.

3061

Registrar's No.

3061

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>St. Francois</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Francois</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Flat River</b>		Length of stay in 1b		c. CITY OR TOWN <b>Flat River, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Flat River</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>34 East Main St.</b>			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or print) <b>Donie Lee Bates.</b>				First		Middle		Last		4. DATE OF DEATH Month Day Year <b>July 24, 1960</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>May 14, 1894</b>		9. AGE (last birthday) <b>66</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Cook</b>			11. BIRTHPLACE (City and state or country) <b>Davisville, Mo.</b>			12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>George Waggoner</b>				13b. MOTHER'S MAIDEN NAME <b>Effie Woods.</b>				14. NAME OF HUSBAND OR WIFE <b>Mr. Granville Bates</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>492-42-1357</b>		17. INFORMANT Address <b>Mr. Granville Bates Flat River</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>Coronary Thrombosis</b>									INTERVAL BETWEEN ONSET AND DEATH <b>10 MINUTES</b>		
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) <b>Hypertension</b>									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.)							
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 <b>7-24-60</b> to <b>7-24-60</b> and last saw <sup>her</sup> alive on <b>7-24-60</b> Death occurred at <b>July 24, 1960 2:00 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (Degree or title) <b>W Paul Dennis M.D.</b>						22b. ADDRESS <b>Flat River, Mo.</b>			22c. DATE SIGNED <b>7-26-60</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>7-27-1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Salem Cemetery</b>				23d. LOCATION (City, town, or county) <b>Salem Missouri</b>			
24. FUNERAL DIRECTOR <b>R. Caldwell &amp; Sons Flat River, Mo.</b>					ADDRESS		25. DATE RECD. BY LOCAL REG. <b>July 26, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Ether Rudloff</b>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 4 1960

**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 Donald Dale Calder

Licensed Embalmer No. 5095

P. O. Address Flat Rm

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.