Dr. Greene

RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS SEP 8 1960

-60-031316

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 348

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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY Marion
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Elizabeth — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Marion
c. CITY OR TOWN Hannibal — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 210 Bird St., — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Julian Middle Robert Last Bates

4. DATE OF DEATH Month Day Year 8/29/1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1/22/1884
9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rubber Plant-Retired
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Marion Co., Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Moses D. Bates
13b. MOTHER'S MAIDEN NAME Mary E. Nicholss
14. NAME OF HUSBAND OR WIFE - - - -

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. 492 24 2327
17. INFORMANT Address James M.Bates,RFD #1, Palmyra 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) Coronary Thrombosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. ~~DUE TO (b)~~ Posterior myocardial Infarct
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH 20 days.

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 COUNTY STATE

21. I attended the deceased from 8-9-60, to 8-29-60 and last saw ~~her~~ him alive on 8-29-60
Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H L Greene MD
22b. ADDRESS 100 N. Sixth, Hannibal, Mo.
22c. DATE SIGNED 8-31-60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9/1/1960
23c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery
23d. LOCATION (City, town, or county) (State) Palmyra, Mo.

24. FUNERAL DIRECTOR ADDRESS H.M. O'Donnell, Hannibal, Mo.
25. DATE RECD. BY LOCAL REG. 8/31/60
26. REGISTRAR'S SIGNATURE Dr. E.M. Lucke by Lillian M. Herman

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No. 382

P. O. Address_____

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