

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042866

FILED VS. NOV 23 1960 *226*

Registration District No. *226* Primary Registration District No. *4238* Registrar's No. *45*

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Monroe				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Monroe			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monroe City		Length of stay in 1b 8 Months		c. CITY OR TOWN Monroe City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 505 Second St.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 505 Second St			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Laura May Bates				4. DATE OF DEATH Month Day Year November 14, 1960			
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/6/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 4 Days 8	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R. Director, Student Nurses, Hospital		10b. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (City and state or country) Cambridge Illinois		12. CITIZEN OF WHAT COUNTRY U.S.	
13a. FATHER'S NAME George McClure			13b. MOTHER'S MAIDEN NAME Kate York		14. NAME OF HUSBAND OR WIFE George R. Bates		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 361 26 8838		17. INFORMANT Address Robert Bates, Monroe City, 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) CVA Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral & Generalized Arteriosclerosis DUE TO (c) 						INTERVAL BETWEEN ONSET AND DEATH 5 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 10-29-60 to 11-14-60 and last saw her/him alive on 11-11-60 Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Mary Patricia Hamilton MD				22b. ADDRESS Monroe City, Mo			22c. DATE SIGNED 11-15-60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11/16/'60	23c. NAME OF CEMETERY OR CREMATORY Shelbina Cemetery		23d. LOCATION (City, town, or county) Shelbina, Missouri.		(State)	
24. FUNERAL DIRECTOR ADDRESS Harold V. Garner, Monroe City Mo			25. DATE RECD. BY LOCAL REG. 11-18-60		26. REGISTRAR'S SIGNATURE Calvin Miller		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 O & AON

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 

Licensed Embalmer No. 3720

P. O. Address Monroe City

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.