

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004785

AMENDED FILED VS FEB 20 1961 Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 16 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
 a. COUNTY **Carroll**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Carrollton** Length of stay in lb **25 yrs**  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **Wetzel Hospital** Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE **Mo.** b. COUNTY **Carroll**  
 c. CITY OR TOWN **Carrollton** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **708 E. Benton** Reside on Farm Yes  No   
 3. NAME OF DECEASED (Type or print) First **ESTHER** Middle **PAULINE** Last **BATES**  
 4. DATE OF DEATH Month **Feb.** Day **14** Year **1961**  
 5. SEX **Male** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH **8/9/1915** 9. AGE (last birthday) **45** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.  
 10a. USUAL OCCUPATION (Give kind of work done during normal working life, even if retired) **At home** 10b. KIND OF BUSINESS OR INDUSTRY **none** 11. BIRTHPLACE (City and state or country) **Wathena, Kans.** 12. CITIZEN OF WHAT COUNTRY **U.S.A.**  
 13a. FATHER'S NAME **Adolph Weigant** 13b. MOTHER'S MAIDEN NAME **Dora Kilwiltz** 14. NAME OF HUSBAND OR WIFE **Ben 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. 17. INFORMANT **Ben Bates** Address **Carrollton, 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) **Pneumonia with Gynon** INTERVAL BETWEEN ONSET AND DEATH **Days**  
 DUE TO (b) **Diabetes Mellitus** **Years**  
 DUE TO (c) **!!**  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  
 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 **2-6-61** to **2-14-61** and last saw her alive on **2-14-61**  
 Death occurred at **2:30 P.** m on the date stated above, and to the best of my knowledge, from the causes stated.  
 22a. SIGNATURE (Degree or title) **Herbert C. Baker** 22b. ADDRESS **Carrollton Mo** 22c. DATE SIGNED **2-14-61**  
 23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **2/17/1961** 23c. NAME OF CEMETERY OR CREMATORY **Carroll Memory Gardens** 23d. LOCATION (City, town, or county) **Carrollton Mo.**  
 FUNERAL DIRECTOR ADDRESS **Suburban Funeral Home, Carrollton Mo** 25. DATE RECD. BY LOCAL REG. **2-17-61** 26. REGISTRAR'S SIGNATURE **Mr. Herbert Baker**

**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton

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.