

# MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE

## STANDARD CERTIFICATE OF DEATH

-61-017282

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2067

AMENDED

**FILED MAY 17 1961**

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>McDONALD</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>NOEL</b>	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
Length of stay in lb <b>4 YEARS</b>		d. STREET ADDRESS (If outside, give location)	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1310 EAST ARMOUR ELMS NURSING HOME</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>EFFIE</b> Middle <b>M.</b> Last <b>BATES</b>			4. DATE OF DEATH Month <b>APRIL</b> Day <b>23</b> Year <b>1961</b>		
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5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>2/9/1880</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TEACHER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>SCHOOL</b>	11. BIRTHPLACE (City and state or country) <b>GAINSVILLE, MO.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>
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13a. FATHER'S NAME <b>FRANCIS MARION CHAFFIN</b>	13b. MOTHER'S MAIDEN NAME <b>SALLY ELIZABETH LOFTIS</b>	14. NAME OF HUSBAND OR WIFE <b>ROY BATES</b>
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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>NONE</b>	17. INFORMANT <b>MYRTLE CHAFFIN</b> Address <b>3700 MICHIGAN KANSAS CITY, MO.</b>
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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>Stroke - Cerebral Thrombosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 1/2 years</b>
DUE TO (b) <b>Cerebral Arteriosclerosis</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>Several previous smaller strokes</b>		

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.) <b>None</b>	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
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. <b>None</b>	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.) <b>None</b>	20f. CITY, TOWN, OR LOCATION <b>NOEL</b>	COUNTY <b>McDONALD</b>	STATE <b>MISSOURI</b>
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21. I attended the deceased from <b>5-7-59</b> , to <b>4-21-61</b> and last saw her <b>him</b> alive on <b>4-21-61</b> Death occurred at <b>5:40 P.</b> m on the date stated above, and to the best of my knowledge, from the cause stated
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22a. SIGNATURE <b>Harvey Jennett MD</b> (Degree or title)	22b. ADDRESS <b>1500 Professional Kansas City Mo</b>	22c. DATE SIGNED <b>4-24-61</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>4-26-61</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MOUNT HOPE</b>
23d. LOCATION (City, town or county) <b>INDEPENDENCE, KANSAS</b>		(State)

24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b> ADDRESS <b>1331 BRUSH CREEK KANSAS CITY, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>4-26-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **Harvey Jennett**

**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 Chester K Brown

Licensed Embalmer No. 4931

P. O. Address K C Mo

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.