

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-026278

STATE FILE NUMBER

AMENDED

Registration District No. 290 Primary Registration District No. 4427 Registrar's No. 93

FILED AUG 9 1961

1. PLACE OF DEATH a. COUNTY <u>Pulaski</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lexas</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Waimersville Mo</u>		c. CITY OR TOWN <u>Success</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Waimersville General Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>NE of Success 6 mi</u>	
3. NAME OF DECEASED (Type or print) First <u>Elba</u> Middle <u>Mancy</u> Last <u>Bates</u>		4. DATE OF DEATH Month <u>Aug</u> Day <u>2</u> Year <u>1961</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>4-17-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	
11. BIRTHPLACE (City and state or country) <u>Lexas Co Mo US</u>		12. CITIZEN OF WHAT COUNTRY <u>US</u>	
13a. FATHER'S NAME <u>JJ Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Bates</u>	
14. NAME OF HUSBAND OR WIFE <u>Floyd Bates</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT <u>Floyd Bates</u> Address <u>Success Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>cardiac + pulmonary arrest</u> DUE TO (b) <u>cachexia + debilitation</u> DUE TO (c) <u>Carcinomatosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cancer of the Breast with Metastasis</u>		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 <u>3:00</u> a.m. <u>a</u> Month, Day, Year <u>Aug 1, 1961</u>			
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 <u>1959</u> to <u>1961</u> and last saw her alive on <u>Aug 1, 1961</u> Death occurred at <u>3:00 a</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>B. J. Mayers DO.</u>		22b. ADDRESS <u>Licking, Mo</u>	
22c. DATE SIGNED <u>8-2-61</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>8-5-61</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Elles Marie Cem.</u>	
23d. LOCATION (City, town, or county) <u>Lexas Co Mo</u>		24. FUNERAL DIRECTOR <u>Smith-Targuoon</u> ADDRESS <u>Licking Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>8-4-61</u>		26. REGISTRAR'S SIGNATURE <u>Cula G. Anderson</u>	

(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 by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Embert Ferguson

Licensed Embalmer No.

3945

P. O. Address

Licking St

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.