

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-019864

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 280

Primary Registration District No. \_\_\_\_\_

Registrar's No. 44

FILED JUN 4 1962

VS 300  
Rev. 4/596830  
20830

3

4 0

5 1

6

7 1

8 0

9581.0

10

11

1270-2

13 1-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

PLATTE

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN PARKVILLELength of stay in 1b  
7 1/2 YRS.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION R.R. #1 Box 38AInside Limits  
Yes ☐ No ☒

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

PLATTE

c. CITY  
OR TOWN PARKVILLEInside Limits  
Yes ☐ No ☒d. STREET  
ADDRESS

(If outside, give location)

R.R. #1 Box 38A

Reside on Farm  
Yes ☒ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

CHARLES

L.

BATES

4. DATE  
OF DEATH

Month

Day

Year

MAY- 17- 1962

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

2-17-82

## 9. AGE (last birthday)

80

## 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)

Retired

## 10b. KIND OF BUSINESS OR INDUSTRY

CARPENTER

## 11. BIRTHPLACE (City and state or country)

LITTLE ROCK, ARK.

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

JAMES W. BATES

## 13b. MOTHER'S MAIDEN NAME

ANGELA

## 14. NAME OF HUSBAND OR WIFE

IDA B. 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.

UNKNOWN-

## 17. INFORMANT

IDA B. BATES R.R. #1- Box 38A

Address PARKVILLE, 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)

Fulminating Pneumonia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

Circulatory Failure

## DUE TO (c)

Cirrhosis of Liver &amp; Hepatomegaly

## 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 ☐ Unknown19. 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  
INJURYHour  
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 April 62 to 17 May 62 and last saw him alive on 16 May 62  
Death occurred at Home - 6:30 a.m. on the date stated above, and to the best of my knowledge from the causes stated.

## 22a. SIGNATURE

(Degree or title)

## 22b. ADDRESS

Box 905 R.R. #1 K.C. 50 MO.

## 22c. DATE SIGNED

17 May 62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

5-17-62

## 23c. NAME OF CEMETERY OR CREMATORY

SANDHILLS Cem.

## 23d. LOCATION (City, town, or county)

NEWPORT, ARK.

## 24. FUNERAL DIRECTOR

## ADDRESS

D.W. NEWCOMER &amp; SONS - KANSAS CITY

## 25. DATE RECD. BY LOCAL REG.

May 17, 1962

## 26. REGISTRAR'S SIGNATURE

Ophelia R. Ramey

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUN 12 1962

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 Marvin D. Preston

Licensed Embalmer No. 5040

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.