

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000161

STATE FILE NUMBER

DO NOT WRITE  
ON THIS SUB

AMENDED.

Registration District No. 27

Primary Registration District No. 5096

Registrar's No. 4

FILED JAN 15 1963

## 1. PLACE OF DEATH

a. COUNTY

Bates

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Mt. Pleasant

Length of stay in 1b

5 Months

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Pine Tree Rest Home

Inside Limits

Yes ☐ No ☒

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

a. STATE Missouri COUNTY Bates

c. CITY

OR TOWN

Adrian

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Mina

Bateman

Bain

## 4. DATE OF DEATH

Month

Day

Year

January 5 1963

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

8-14-75

## 9. AGE (last birthday)

87

## IF UNDER 1 YEAR

Months Days Hours Min.

4 21

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ret. Hwife.

## 10b. KIND OF BUSINESS OR INDUSTRY

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

Nodaway Co. Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Mathew Bateman

## 13b. MOTHER'S MAIDEN NAME

Martha McFarland

## 14. NAME OF HUSBAND OR WIFE

Marion M. Bain

## 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.

No

## 17. INFORMANT

Address

Mrs. Gladys Moudy, Adrian, 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) Coronary occlusion

## INTERVAL BETWEEN ONSET AND DEATH

immed.

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

DUE TO (b) Metastasis of carcinoma of breast

4 years.

DUE TO (c)

## 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 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 Aug. 1958 to Jan. 5th '63 and last saw her alive on Jan. 5th '63

Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

L. D. Lafferty, M.D.

## 22b. ADDRESS

212 N. Main Butler, Mo.

## 22c. DATE SIGNED

Jan 5-63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 23b. DATE

1-6-63

## 23c. NAME OF CEMETERY OR CREMATORY

Crescent Hill Cemetery

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

Adrian, Mo.

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

Six Funeral Service, Adrian, Mo.

## 25. DATE RECD. BY LOCAL REG.

1-5-63

## 26. REGISTRAR'S SIGNATURE

Norman Wilson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**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 \_\_\_\_\_  
*Adrian M. [Signature]*

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.