

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006304

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 8 1963

1051

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Jackson County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City Length of stay in 1b 40 yrs		c. CITY OR TOWN Kansas City Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital Inside Limits Yes ☒ No ☐		d. STREET ADDRESS (If outside, give location) 1824 Paseo Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Elias Middle Bates Last Bates		4. DATE OF DEATH Month 2 Day 15 Year 63	
5. SEX Male	6. COLOR OR RACE Negro	7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒	8. DATE OF BIRTH 7-12-1900
9. AGE (last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sanitar	
11. BIRTHPLACE (City and state or country) Panton Georgia		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Alberry Bates		13b. MOTHER'S MAIDEN NAME Hennett Mc Micken	
14. NAME OF HUSBAND OR WIFE Hudson Kinderland Chicago Ill.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No	
16. INFORMANT Hudson Kinderland		17. ADDRESS 209 W. 45th	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pulmonary Embolism DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
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 _____ s.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 2-10-63 to 2-15-63 and last saw her alive on 2-15-63 Death occurred at 10:20 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank Ellis (Degree or title)		22b. ADDRESS	
22c. DATE SIGNED 2-18-63		22d. LOCATION (City, town, or county) Kansas City Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-21-63	23c. NAME OF CEMETERY OR CREMATORY Linslow Cemetery	
23d. FUNERAL DIRECTOR James J. Stevens		23e. ADDRESS 231 S. Glenwood	
23f. DATE RECD. BY LOCAL REG. 2-18-63		23g. REGISTRAR'S SIGNATURE Pat Long	

(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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.