

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

66 0019822

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 157

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 Henry		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Mo. b. COUNTY Hickory	
b. CITY (If outside corporate limits, give TOWNSHIP only) Clinton		c. CITY OR TOWN Wheatland	
Length of stay in lb 1 day		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Wetzel Hospital		d. STREET ADDRESS (If outside, give location) Wheatland, Mo.	
3. NAME OF DECEASED (Type or print) BUEL MAX CRATES		4. DATE OF DEATH Month May Day 30 Year 1966	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/7/1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage operator		10b. KIND OF BUSINESS OR INDUSTRY Mechanic	
11. BIRTHPLACE (City and state or country) Wheatland, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Crates		13b. MOTHER'S MAIDEN NAME Susie Hastain	
14. NAME OF HUSBAND OR WIFE Genevieve Crates		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. 515-16-5073		17. INFORMANT Genevieve Crates, Wheatland, 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) medullary prostatic carcinoma DUE TO (b) acute infarct myocardial infarction 36 hr DUE TO (c) coronary artery disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) microtic hypochromic anemia Etial. unclt.		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	
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.)	
20c. TIME OF INJURY Hour 12:00 a.m. pm Month, Day, Year 5/30/66		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.)		20f. CITY, TOWN, OR LOCATION Wheatland, Mo.	
20g. COUNTY Hickory Co.		20h. STATE Mo.	
21. I attended the deceased from 5/30/66 to 5/30/66 and last saw her alive on 5/30/66 Death occurred at 12:00 pm 5/30/66 on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) James P. Crates D.	
22b. ADDRESS 105 E. Ohio Clinton, Mo.		22c. DATE SIGNED 5/30/66	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 1, 66	23c. NAME OF CEMETERY OR CREMATORY Gardner, Cemetery	23d. LOCATION (City, town, or county) (State) Hickory Co. Mo.
24. FUNERAL DIRECTOR Hathaway Funeral Home Wheatland, Mo.		25. DATE RECD. BY LOCAL REG. June 6, 1966	
26. REGISTRAR'S SIGNATURE Melrose Bigum			

(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

Eugene R. Conner

Licensed Embalmer No. 4680

P. O. Address Clinton, 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.