

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4602**

FILED FEB 21 1955

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <b>Henry</b> <span style="float: right;">0722</span>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Henry</b>			
b. CITY OR TOWN <b>Clinton</b>		c. LENGTH OF STAY (in this place) <b>All Life</b>		c. CITY OR TOWN <b>Clinton</b> <span style="float: right;">0722</span>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>117 West Green Street</b>				d. STREET ADDRESS (If rural, give location) <b>117 West Green</b> <span style="float: right;">0</span>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clarence</b> b. (Middle) <b>Manly</b> c. (Last) <b>Bates</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>February 7 1955</b>				
5. SEX <b>Male</b> <span style="float: right;">D</span>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>August 31, 1882</b>	
9. AGE (In years last birthday) <b>72</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 12 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Stockman</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Livestock</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Henry County, Missouri</b> <span style="float: right;">D</span>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>Francis M. Bates</b>			13b. MOTHER'S MAIDEN NAME <b>Francis R. Ginter</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b> <span style="float: right;">none</span>			16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lester Buchanan Clinton Mo.</b> ADDRESS _____		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <small>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</small>		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary infarction</b>					<b>Sudden</b>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b>					<b>years</b>
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>senility</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Clinton Mo.</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to <b>2-8</b> , 19 <b>55</b> , that I last saw the deceased alive on <b>DOA</b> , 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <b>R. D. Powell, M.D. (Coroner)</b> (Degree or title)				23b. ADDRESS <b>Clinton Mo</b>		23c. DATE SIGNED <b>2/9/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 11 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Englewood</b>		24d. LOCATION (City, town, or county) (State) <b>Clinton, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>2-21-55</b>		REGISTRAR'S SIGNATURE <b>Shyde A. Bridges</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>J. E. Conahan</b> ADDRESS <b>Clinton, Mo.</b>			

EX-25 3-7-2000

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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 .....  
Student Embalmer

Signed Eugene B. Conalus

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 this body is not embalmed, fact should be so stated above.