

FILED DEC 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. 40065

BIRTH NO. REG. DIST. NO. 387 PRIMARY REG. DIST. NO. 4085 Registrar's No. 19

1. PLACE OF DEATH
 a. COUNTY Carroll
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale
 c. LENGTH OF STAY (In this place)
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lillie X ROSE X BATES X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY Carroll
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hale 0170
 d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED
 a. (First) Lillie b. (Middle) Rose c. (Last) Bates

4. DATE OF DEATH (Month) (Day) (Year)
Nov. 30 1950

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, OR FORCED (Specify) Widowed

8. DATE OF BIRTH Mch. 19. 1867

9. AGE (In years last birthday) 83 IF UNDER 1 YEAR 8 MONTHS 11 IF UNDER 24 HRS. Hours 11 Min.

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

10b. KIND OF BUSINESS OR INDUSTRY Self Employed

11. BIRTHPLACE (State or foreign country) Cain County Illinois

12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME James Mullen Shultz

13b. MOTHER'S MAIDEN NAME Vienna Rice

14. NAME OF HUSBAND OR WIFE Samuel Nelson Bates

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Merl Bates Hale Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
 *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) _____
 DUE TO (c) _____
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 1 day

331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from Nov 29, 1950, to Nov 30, 1950, that I last saw the deceased alive on Nov 30, 1950, and that death occurred at 6:30 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dr. Alvin A. Webb Jr. D.O.

23b. ADDRESS Hale, Mo.

23c. DATE SIGNED 12-15-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Dec. 2 1950

24c. NAME OF CEMETERY OR CREMATORY Hale Cemetery

24d. LOCATION (City, town, or county) (State) Near Hale Missouri

DATE REC'D BY LOCAL REG. Dec. 16, 1950

REGISTRAR'S SIGNATURE Mrs Rex Henderson

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank E. State 406 Mo

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

17-0
1



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 *Frank E. Slator*

Licensed Embalmer No. *937*

P. O. Address *Hole 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.