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

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5279

State File No.

BIRTH NO. REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 2 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Caldwell
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hamilton 6130
d. STREET ADDRESS (If rural, give location): 510 West Berry on Hiway 36

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Bolton
c. (Last): Bathgate

4. DATE OF DEATH (Month) (Day) (Year): 2-17-1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-18-1901
9. AGE (In years last birthday): 49 — Months: 4 — Days: 29 — Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Attendant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Caldwell Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Thomas R. Bathgate
13b. MOTHER'S MAIDEN NAME: Florence McCloud
14. NAME OF HUSBAND OR WIFE: Mary Bathgate
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: [redacted]-34-7613
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mary Bathgate
ADDRESS: Hamilton Mo.

4871

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 Hrs

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.

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): Hamilton, Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* JAN 1, 1951, *to* FEB 17, 1951, *that I last saw the deceased alive on* FEB 17, 1951, *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank R. Daley (Degree or title): MD.
23b. ADDRESS: Hamilton, Mo.
23c. DATE SIGNED: 2-19-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-19-1951
24c. NAME OF CEMETERY OR CREMATORY: Highland Cem.
24d. LOCATION (City, town, or county) (State): Hamilton Missouri

DATE REC'D BY LOCAL REG.: 2/19/51
REGISTRAR'S SIGNATURE: Frances B. Neill
25. FUNERAL DIRECTOR'S SIGNATURE: Bram Funeral Home
ADDRESS: Hamilton Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
3 1951
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed R. Lester Bram

Signed.....
Student Embalmer

Licensed Embalmer No. 4472

P. O. Address Hamilton 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.