

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34716

State File No. ....

FILED OCT 30 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6022 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. 2, RICHMOND TWP.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F.D. 2, RICHMOND TWP.</u>	
c. LENGTH OF STAY (in this place) <u>38 YEARS</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 MILE SO. HILL SCHOOL.</u>		d. STREET ADDRESS (If rural, give location) <u>1 MILE S. HILL SCHOOL.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARLEY</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>BATES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 16 1951</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>MAR. 5 1887</u>	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u> IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>	11. BIRTHPLACE (State or foreign country) <u>RAY COUNTY, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u>
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13a. FATHER'S NAME <u>JOHN A. BATES</u>	13b. MOTHER'S MAIDEN NAME <u>SALOMA PROFFITT</u>	14. NAME OF HUSBAND OR WIFE <u>IOLA CREASON-BATES.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ma. Iola Bates</u> ADDRESS <u>RICHMOND Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		
	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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. P. Baber, 3<sup>rd</sup> Coroner</u> (Degree or title)	23b. ADDRESS <u>Richmond, Mo</u>	23c. DATE SIGNED <u>10-18-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>10-19-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SOUTH POINT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>RURAL RAY COUNTY, MISSOURI.</u>
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DATE REC'D BY LOCAL REG. <u>10-19-1951</u>	REGISTRAR'S SIGNATURE <u>Malcolm Jackson</u> 273	25. FUNERAL DIRECTOR'S SIGNATURE <u>GUEST-LIKE FUNERAL HOME</u> ADDRESS <u>RICHMOND, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0890



**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 Elbert E. White

Licensed Embalmer No. 4168

P. O. Address Richmond, N.C.

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.