

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21917**

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3028		Registrar's No. 133	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Carthage		0493	
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune-Brooks				d. STREET ADDRESS (If rural, give location) 524 Mound			
3. NAME OF DECEASED (Type or Print) Albert B. Bates			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 6-20-1953	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 12-18-1874	
9. AGE (In years last birthday) 78		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Butler Co. Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME W. D. Bates			13b. MOTHER'S MAIDEN NAME Mary Wilson			14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mr. Theodore Bates		ADDRESS 524 Mound Carthage	
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) Cardiac failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease 15-20 yrs DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe malnutrition				INTERVAL BETWEEN ONSET AND DEATH 1-2 yrs 2 wks	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200				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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 1-17, 1953 , to 6-20, 1953 , that I last saw the deceased alive on 6-20, 1953 , and that death occurred at 10 A. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Grover L. Patterson MD				23b. ADDRESS 506 S. Main Carthage		23c. DATE SIGNED 6-20-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-22-1953		24c. NAME OF CEMETERY OR CREMATORY Red Oak		24d. LOCATION (City, town, or county) (State) W. of Mobern Mo.	
DATE REC'D BY LOCAL REG. June 22-53		REGISTRAR'S SIGNATURE W. H. Blunt		25. FUNERAL DIRECTOR'S SIGNATURE Morrice Seeman		ADDRESS Miller mo	

(Licensed Embalmer's Statement on Reverse Side)

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

2493
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RECEIVED 7-7-53

Jasper County Health Office

County File Number 53-7-563

Date Filed 7-7-53

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

J. R. Feiman

Licensed Embalmer No. 3297

P. O. Address Miller 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.