

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23529

FILED AUG 9 - 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 5644 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lexington Twns.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Odessa Lexington Twns.</u>	
c. LENGTH OF STAY (In this place) <u>2 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>[Redacted] 4 mil. north</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Goodloe Nursing Home</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle) _____ c. (Last) <u>Bates</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June 21, 1954</u>		5. SEX <u>Male</u> 6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, <u>WIDOWED</u> , DIVORCED (Specify)		8. DATE OF BIRTH <u>June 14, 1876</u>	
9. AGE (In years last birthday) <u>78</u>		10. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lafayette Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Not Known</u>		13b. MOTHER'S MAIDEN NAME <u>Not Known</u>	
14. NAME OF HUSBAND OR WIFE <u>None</u>		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>Mrs. Dave Mestmaker, Odessa, Mo.</u>	
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) <u>Bronchial pneumonia</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</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. <u>Arterio-sclerotic heart disease</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>49ix</u>	
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) (Min.)		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 <u>Mar 8, 1954</u> , to <u>June 21, 1954</u> , that I last saw the deceased alive on <u>June 20, 1954</u> , and that death occurred at <u>6:20 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. R. Spangenberg M.D.</u>		23b. ADDRESS <u>Higginsville, Mo.</u>	
23c. DATE SIGNED <u>June 21 54</u>		24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 23, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Tabor Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husman-Sparks</u>	
25. ADDRESS <u>Odessa, Mo.</u>		DATE REC'D BY LOCAL REG. <u>6-23-54</u>	
REGISTRAR'S SIGNATURE <u>W. R. Spangenberg</u>		15. LICENSED EMBALMER'S STATEMENT OF RECEIPT <u>[Signature]</u>	

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

0540
4

0540

[Redacted] 4 mil. north

self employed

BRONCHIAL PNEUMONIA 2 weeks

Arterio-sclerotic heart disease

49ix

Mar 8, 1954, to June 21, 1954, that I last saw the deceased alive on June 20, 1954, and that death occurred at 6:20 A.M. from the causes and on the date stated above.

W. R. Spangenberg M.D.

Higginsville, Mo. June 21 54

Burial June 23, 1954 Mt. Tabor Cemetery Odessa, Mo.

6-23-54 Husman-Sparks Odessa, Mo.

(Licensed Embalmer's Statement of Receipt)

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 William T. Sparks

Licensed Embalmer No. # 4431

P. O. Address Odena, 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.