

FILED JUL 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17888

State File No. 382
Registrar's No. 382

BIRTH NO.		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>5143</u>		State File No. <u>382</u>		Registrar's No. <u>382</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff Twp.</u>			c. LENGTH OF STAY (In this place) <u>by day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff, Rural 0120</u>			d. STREET ADDRESS (If rural, give location) <u>Marocco Community</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Mo</u>				3. NAME OF DECEASED a. (First) <u>Vista</u> b. (Middle) c. (Last) <u>Bates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6 17 1955</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <u>Unknown 1890</u>		9. AGE (In years last birthday) <u>65</u> If under 1 year: Months Days If under 6 hrs. Hours Min.	
10a. USUAL OCCUPATION (Or kind of work during most of working life. If retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY		
<u>House Wife</u>			<u>-</u>		<u>? Mississippi</u>		<u>U.S.A.</u>		
13a. FATHER'S NAME <u>Benjamin Juelch</u>				13b. MOTHER'S MAIDEN NAME <u>Vista (Unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>Bud Bates</u>			
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 <u>Lillie M. Hunt - Poplar Bluff Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>4200</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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"/>	
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>25 May 1955</u> to <u>10 June 1955</u> , that I last saw the deceased alive on <u>10 June 1955</u> , and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Norman E. Willis M.D.</u>				23b. ADDRESS <u>Poplar Bluff Mo.</u>			23c. DATE SIGNED <u>21 June 55</u>		
24a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify)		24b. DATE <u>6-22-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marocco</u>		24d. LOCATION (City, town, or county) (State) <u>Butler Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6/29/55</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Fred J. Smith - Sikeston, Mo.</u>		ADDRESS			

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

0120

RECEIVED
JUL 5 - 1956

BUTLER CO. HEALTH CENTER

FILE No. _____

1956
JUL 8 1956

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

Fred J. Smith

Licensed Embalmer No.

4408

P. O. Address

Sikeston, 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.