

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022947
STATE FILE NUMBER

FILED JUN 17 1958 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 69

300
1-57

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray	
b. CITY (If outside corporate limits, give TOWNSHIP only) Richmond Township		c. CITY OR TOWN Richmond	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5 miles N. Richmond		d. STREET ADDRESS Richmond, Mo. R. FD #3	

3. NAME OF DECEASED (Type or print) First Elizabeth Middle Catherine Last Bates			4. DATE OF DEATH Month June Day 7 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 30, 1874	9. AGE (In years at birthday) 84	IF UNDER 1 YEAR Months 2 Days 7	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) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Orrick, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Stanton R. Lillard	13b. MOTHER'S MAIDEN NAME Louiza Allison	14. NAME OF HUSBAND OR WIFE William Lee Bates
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Forrest Bates	Address Richmond, Missouri
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 5-6 hours
DUE TO (b) Generalized Arteriosclerosis		
DUE TO (c) 4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Richmond	COUNTY Missouri	STATE Missouri
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21. I attended the deceased from Death occurred at 5:45 A. to _____ and last saw her alive on 6-7-58	
m on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Thomas W. Cook M.D.	22b. ADDRESS Richmond Missouri	22c. DATE SIGNED 6/10/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 10, 1958	23c. NAME OF CEMETERY OR CREMATORY Sunny Slope	23d. LOCATION (City, town, or county) (State) Richmond, Missouri
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24. FUNERAL DIRECTOR QuestLife Funeral Home	ADDRESS Richmond, Missouri	25. DATE RECD. BY LOCAL REG. 6-13-1958	26. REGISTRAR'S SIGNATURE Maluf Jackson
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

730

x x x
 Rev. Richmond Township 5 miles N. Richmond 84 years
 Richmond, Mo. 2 miles N. Richmond 84 years
 June 7 1928 Elizabeth Catherine Bates
 Female White x March 30, 1874 84
 Housewife Horsekeeping Orick, Missouri U.S.A.
 Stanton W. Louis Allison William Lee Bates
 None None Forest Bates Richmond, Missouri

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
 Signature of Student Embalmer

Signed 
 A

Licensed Embalmer No. H. D. G. 6
 P. O. Address.. Richmond, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
 If this body is not embalmed, fact should be so stated above.