

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-034018

AMENDED

Registered District No. **318** Primary Registration District No. **1003** Registrar's No. **8220** STATE FILE NUMBER

|  |                                       |   |   |
|--|---------------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |                                       | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Saint Louis</b>       | Length of stay in Tb<br><b>48 yrs</b> | c. CITY OR TOWN <b>Saint Louis</b>  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>3412 Klein</b> |                                       | d. STREET ADDRESS (If outside, give location)<br><b>3412 Klein</b>  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |  |   |   |
|---|----------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>Hattie</b> Middle <b>M.</b> Last <b>Bates</b>                         |                                  |   | 4. DATE OF DEATH<br>Month <b>Sept.</b> Day <b>3</b> Year <b>1961</b> |   |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>10/2/88</b>                                   | 9. AGE (last birthday)<br><b>72 yrs</b>                     | IF UNDER 1 YEAR<br>Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housework</b>       |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Own Home</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Danby, Missouri</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>                   |   |
| 13a. FATHER'S NAME<br><b>James Akins</b>  |                                  | 13b. MOTHER'S MAIDEN NAME<br><b>Martha Ferguson</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Late Desmond O. Bates</b> |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |                                  | 16. SOCIAL SECURITY NO.<br><b>None</b>  | 17. INFORMANT Address<br><b>Mrs. Wilma Sinnerly, 3617a Blair (7)</b> |   |   |

|   |   |   |
|---|---|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |   | INTERVAL BETWEEN ONSET AND DEATH  |
| IMMEDIATE CAUSE (a) <b>Coronary Heart Failure</b>   |   | <b>3 days</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  | DUE TO (b) <b>arteriosclerotic calcification, brain</b> | <b>1 year</b>   |
|   | DUE TO (c) <b>422.1</b>                                 |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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|--|---|--|
| 19. WAS AUTOPSY PERFORMED?<br>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.) |
| 20c. TIME OF INJURY<br>Hour a.m. p.m.  | Month, Day, Year  |  |
| 20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE  |

21. I attended the deceased from **Aug 23/61**, to **Sept 3, 1961** and last saw her alive on **Sept 1, 1961**  
Death occurred at **4 A.** m on the date stated above, and to the best of my knowledge, from the causes stated.

|   |                                      |   |
|---|--------------------------------------|---|
| 22a. SIGNATURE (Degree or title)<br><b>Charles M. Olden, M.D.</b>           | 22b. ADDRESS<br><b>3121 N. Grand</b> | 22c. DATE SIGNED<br><b>Sept 5/61</b>                            |
| 23a. BURIAL CREMATION, REMOVAL<br><b>Removal</b>                            | 23b. DATE<br><b>9/7/61</b>           | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Park Lawn Cemetery</b> |
| 23d. LOCATION (City, town, or county)<br><b>St. Louis County, Missouri.</b> |                                      |   |

|  |   |  |
|--|---|--|
| 24. FUNERAL DIRECTOR<br><b>CALVIN F. FRUTZ, 4828 Natural Bridge Blvd</b> | 25. DATE RECD. BY LOCAL REG.<br><b>SEP 5 1961</b> | 26. REGISTRAR'S SIGNATURE<br><b>Earl Smith, M.D.</b> |
|--|---|--|

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

6 DATE AMENDED

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 Robert E. Muhlman

Licensed Embalmer No. 4914

P. O. Address St. Louis, 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.