

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019259

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 83

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAY 31 1962

1. PLACE OF DEATH

a. COUNTY **Jasper**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **Carthage**

Length of stay in 1b
2 1/2 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Jasper**

c. CITY OR TOWN **Carterville**

Inside Limits
Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **McCune-Brooks Hospital**

Inside Limits
Yes No

d. STREET ADDRESS (If outside, give location)
200 Locust Street

Reside on Farm
Yes No

3. NAME OF DECEASED (Type or print)

First Middle Last
Comadore Elwood Bates

4. DATE OF DEATH
Month Day Year
May 18, 1962

5. SEX
M

6. COLOR OR RACE
W

7. Married Never Married
Widowed Divorced

8. DATE OF BIRTH
7/9/1893

9. AGE (last birthday)
68

IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Employee

10b. KIND OF BUSINESS OR INDUSTRY
Atlas Powder Co.

11. BIRTHPLACE (City and state or country)
Winslow, Ark.

12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME

William David Bates

13b. MOTHER'S MAIDEN NAME

Mary Bond

14. NAME OF HUSBAND OR WIFE

Edna Lucille Bates

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.

17. INFORMANT

Address

Mrs. Edna Lucille Bates, Carterville, Mo.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Bilateral bronchopneumonia**

INTERVAL BETWEEN ONSET AND DEATH
30 days

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Adhesive pericarditis - 30 days**

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED?
YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

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 **7/23/61** to **5/18/62** and last saw her alive on **5/18/62**
Death occurred at **4:50 A.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

E. J. Sheel

M. D.

22b. ADDRESS

**Medical Building
Carthage, Missouri**

22c. DATE SIGNED

5/19/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

5/22/62

23c. NAME OF CEMETERY OR CREMATORY

Park Cemetery

23d. LOCATION (City, town, or county) (State)

Carthage, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Hedge-Lewis Funeral Home, Webb City, Mo.

25. DATE RECD. BY LOCAL REG.

5-19-62

26. REGISTRAR'S SIGNATURE

E. J. Sheel

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

0497
20490

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5 **1**

6

7 **1**

8 **1**

9491X

10

11

12-0

13-0

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 Richard H. Lewis

Licensed Embalmer No. 4485

P. O. Address Wells City, 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.