

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-026948  
3271 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 1491 Primary Registration District No. 1002 Registrar's No. 3271

<b>FILED JUL 25 1962</b>	
1. PLACE OF DEATH	
a. COUNTY <b>Jackson</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>	a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Kansas City Conv. Home 3200 Norledge</b>	c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>3805 Haskell</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last	
<b>Roy B. Bates Jr.</b>	
4. DATE OF DEATH	Month Day Year
<b>6 - 20 - 62</b>	
5. SEX	6. COLOR OR RACE
<b>M</b>	<b>W</b>
7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
<b>11 - 26 - 12 49</b>	
9. AGE (last birthday)	10. KIND OF BUSINESS OR INDUSTRY
<b>49</b>	<b>Jiffy Cleaners</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (City and state or country)
<b>Cleaner</b>	<b>Kansas City, Kansas</b>
11. BIRTHPLACE (City and state or country)	12. CITIZEN OF WHAT COUNTRY
<b>Kansas City, Kansas</b>	<b>US</b>
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME
<b>Roy B. Bates</b>	<b>Unknown</b>
14. NAME OF HUSBAND OR WIFE	
<b>none</b>	
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.
<b>no</b>	<b>None</b>
17. INFORMANT Address	
<b>W. Jack Bates, 3805 Haskell, K.C.K.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	
PART I. DEATH WAS CAUSED BY:	
IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONSET AND DEATH
<b>Coronary Artery Thrombosis</b>	<b>24h</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	
DUE TO (b)	
<b>Coronary Artery Arteriosclerosis</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)	
PART III. If deceased was female was there a pregnancy in last 90 days.	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT SUICIDE HOMICIDE
<input type="checkbox"/> <input type="checkbox"/> <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	Hour a.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.)
<b>Kansas City Jackson Mo.</b>	
20f. CITY, TOWN, OR LOCATION	COUNTY STATE
<b>Kansas City Jackson Mo.</b>	
21. I attended the deceased from <b>June 10 1962</b> and last saw <b>him</b> alive on <b>June 10 1962</b> Death occurred at <b>4:45 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title)	22b. ADDRESS
<b>K. L. Shireman M.D.</b>	<b>4606 St John Kc Mo</b>
22c. DATE SIGNED	
<b>6-22-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE
<b>burial</b>	<b>6-22-62</b>
23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
<b>Memorial Park Cemetery</b>	<b>Kansas City Kansas</b>
24. FUNERAL DIRECTOR ADDRESS	25. DATE RECD. BY LOCAL REG.
<b>Gibson &amp; Son, 19th &amp; Minn Ave, K.C. K.</b>	<b>6-22-62</b>
26. REGISTRAR'S SIGNATURE	
<b>Ruth H Long</b>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

K. L. Shireman

**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 \_\_\_\_\_

*Phil C. Silson*

Licensed Embalmer No. 3135

P. O. Address Kansas City Kansas

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.