MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-000161
STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 5096 Registrar's No. 4

FILED JAN 15 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	0078		
2	0070		
3			
4	1		
5	2		
6			
7	0		
8	0		
9	170X		
10			
11			
12	760		
13	1-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Mt. Pleasant — Length of stay in 1b: 5 Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Pine Tree Rest Home — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri COUNTY: Bates
c. CITY OR TOWN: Adrian — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Mina Middle: Bateman Last: Bain

4. DATE OF DEATH: Month: January Day: 5 Year: 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 8-14-75
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months 4 Days 21 — IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Hwfe.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Nodaway Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Mathew Bateman
13b. MOTHER'S MAIDEN NAME: Martha McFarland
14. NAME OF HUSBAND OR WIFE: Marion M. Bain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Gladys Moudy, Adrian, Mo. Address

MEDICAL CERTIFICATION

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

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary occlusion	immed.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Metastasis of carcinoma of breast	4 years.
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. ☐ 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 a.m. p.m. Month, Day, Year
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 Aug. 1958, to Jan. 5th '63 and last saw her/him alive on Jan. 5th '63
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. D. Lathe, M.D. (Degree or title)
22b. ADDRESS: 212 N. Main Butler, Mo.
22c. DATE SIGNED: Jan 5-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 1-6-63
23c. NAME OF CEMETERY OR CREMATORY: Crescent Hill Cemetery
23d. LOCATION (City, town, or county) (State): Adrian, Mo.

24. FUNERAL DIRECTOR ADDRESS: Six Funeral Service. Adrian, Mo.
25. DATE RECD. BY LOCAL REG.: 1-5-63
26. REGISTRAR'S SIGNATURE: Norma Jean Wilson

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed_____
Signature of Student Embalmer

Licensed Embalmer No. 3650

P. O. Address Adrian, 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.