

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023405

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 1599

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 17 1963

VS 300	DATE AMENDED
Rev. 4/59	
1 38/28	
2 0128	
3	
4 0	
5 2	
6	
7 0	
8 2	
9 4200	
10	
11	
12 90-0	
13 1-1	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Butler</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Butler</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Poplar Bluff</b>		Length of stay in 1b <b>3 Years.</b>	c. CITY OR TOWN <b>Poplar Bluff,</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1347 Meadow Lane</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1347 Meadow Lane</b>
3. NAME OF DECEASED (Type or print) First <b>JAMES</b> Middle <b>HENRY</b> Last <b>BATES</b>		4. DATE OF DEATH Month <b>May</b> Day <b>8,</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8/16/1878</b>
9. AGE (last birthday) <b>84</b>		IF UNDER 1 YEAR Months <b>8</b> Days <b>22</b>	IF UNDER 24 HR Hours <b>22</b> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Railroading</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroading</b>	11. BIRTHPLACE (City and state or country) <b>Franklin Co. Mo.</b>
12. CITIZEN OF WHAT COUNTRY <b>U. SA.</b>		13a. FATHER'S NAME <b>JOHN HENRY BATES</b>	
13b. MOTHER'S MAIDEN NAME <b>ALCY HAYES</b>		14. NAME OF HUSBAND OR WIFE <b>Deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes; no; or unknown) (If yes, give war or dates) <b>No</b>		17. INFORMANT Address <b>Mrs. Tom Lemons, Poplar Bluff, Mo</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) <b>Myocardial failure</b>			INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
DUE TO (b) <b>Arteriosclerosis heart disease 10 yrs.</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) <b>Emaciation</b>			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 <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 Hour <b>2:05</b> a.m. Month, Day, Year <b>4/28/63</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>4/28/63</b> to <b>5/8/63</b> and last saw him alive on <b>6/7/63</b> Death occurred at <b>2:05 A. M.</b> on the date stated above, and to the best of my knowledge, from the causes stated			
22a. SIGNATURE (Degree or title) <b>Cyril A. Post M.D.</b>		22b. ADDRESS <b>Poplar Bluff, Mo.</b>	22c. DATE SIGNED <b>5/31/63</b> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>May 10, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sunset Park</b>	23d. LOCATION (City, town, or county) <b>St. Louis, Missouri.</b>
24. FUNERAL DIRECTOR <b>Frank-Cottrill Chapel, Poplar Bluff, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6/13/1963</b>	26. REGISTRAR'S SIGNATURE <b>Thelma Graham</b>

USE BLACK INK OR TYPEWRITER RIBBON

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

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.