

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044491
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 160 Primary Registration District No. 559 Registrar's No. 168

FILED DEC 11 1963

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jefferson</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Herculaneum</u>		Length of stay in 1b <u>26 years</u>	c. CITY OR TOWN <u>Herculaneum</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>132 Wall Street</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>132 Wall Street</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clarence William Bates</u>			4. DATE OF DEATH Month Day Year <u>Dec. 3, 1963</u>					
5. SEX <u>M</u>	6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/17/94</u>	9. AGE (last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days <u> </u>		IF UNDER 24 HR Hours Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Leadworker (Ret)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Smelter</u>		11. BIRTHPLACE (City and state or country) <u>Rolla, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>John P. Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Govero</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Ann Bates</u>				
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.	17. INFORMANT Address <u>Mrs. Elizabeth Ann Bates, Herculaneum, Mo.</u>				
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c) <u>Bronchial Asthma & emphysema</u> 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						INTERVAL BETWEEN ONSET AND DEATH <u>7 yrs</u> <u>10 m</u> <u>6 yrs</u>		
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 a.m. p.m. Month, Day, Year	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 <u>Herculaneum, Mo.</u>		COUNTY STATE		
21. I attended the deceased from <u>10/58</u> to <u>12/3/63</u> and last saw him alive on <u>12/3/63</u> Death occurred at <u>9:45 PM on 12/3/63</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>W.S. Denny MD</u>			22b. ADDRESS <u>Herculaneum, Mo.</u>			22c. DATE SIGNED <u>12/5/63</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>12-6-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cem.</u>		23d. LOCATION (City, town, or county) <u>Herculaneum</u>		STATE <u>Mo</u>	
24. FUNERAL DIRECTOR ADDRESS <u>Vinyard Funeral Homes, Inc. Festus, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>12-7-63</u>		26. REGISTRAR'S SIGNATURE <u>John A. Fisher</u>		

IC 101-10-1-101 61

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 LEROY T. LUCAS, Student Embalmer No. 697

working under my personal supervision.

Student Leroy T. Lucas
Signature of Student Embalmer

Signed Keith B. Kingard

Licensed Embalmer No. 4976

P. O. Address Festus, 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.