

FILED JUL 27 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24121

State File No.

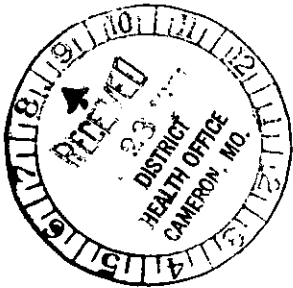
BIRTH NO. 3430-57 REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6019 Registrar's No. 22

890

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Ray	
b. CITY (If outside corporate limits, write RURAL and give town or town) Rural Orrick	c. LENGTH OF STAY (in this place) 1890	c. CITY (If outside corporate limits, write RURAL and give township) Rural Orrick, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) David Eugene Bates	a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH July 13 1951	(Month)	(Day)	(Year)
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child	8. DATE OF BIRTH Jan, 13, 1951
9. AGE (In years last birthday) 6 Mo.	IF UNDER 1 YEAR Month Days	IF UNDER 24 HRS. Hours Min.	11. BIRTHPLACE (State or foreign country) Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Billy Bates	13b. MOTHER'S MAIDEN NAME Wanda C. Bailey	14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Wanda Bates	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) asphyxiation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) a plastic covering DUE TO (c) Which the child had pulled down over his face II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 89 89240 18	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT- SERIOUS HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) Orrick	(COUNTY) Ray
21d. TIME OF INJURY July 13 - 1951	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 200	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE John F. Baber, Coroner		23b. ADDRESS Reckmond MO	23c. DATE SIGNED 7/13/51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 15-51	24c. NAME OF CEMETERY OR CREMATORY Union Church Cem	24d. LOCATION (City, town, or county) 5 Mi n-w of Orrick, Mo.
DATE REC'D BY LOCAL REG. 7-14-51	REGISTRAR'S SIGNATURE Helen J. Larkins	25. FUNERAL DIRECTOR'S SIGNATURE B. W. Good	ADDRESS Orrick, Mo.

(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 _____

Not Embalmed

~~XXXXX~~

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed _____

Victor E. Jumper

Licensed Embalmer No. *2896*

P. O. Address: *Liberty, 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 this body is not embalmed, fact should be so stated above.