

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

2402

State File No.

FILED JAN 29 1952

BIRTH NO. _____ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 6020 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Ray</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Ray</u>	
b. CITY OR TOWN <u>Rural Crooked river</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Crooked river Twp</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H.O.M. - R.F.D. HIRDIN</u>		d. STREET ADDRESS (If rural, give location) <u>Rural 3 miles North of Twp</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Floy</u> b. (Middle) <u>Fenton</u> c. (Last) <u>Bates</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24-1952</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH: <u>3/3/1885</u>
9. AGE (In years last birthday) <u>66</u> IF UNDER 1 YEAR: Months <u>8</u> Days <u>21</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Ray Co Mo</u>	
11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James French Bates</u>		13b. MOTHER'S MAIDEN NAME <u>Elba Morrison</u>	
14. NAME OF HUSBAND OR WIFE <u></u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Matilda E. Stone</u> ADDRESS <u>Richmond, Mo.</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Hypertensive Cardiovascular disease 10 years</u> DUE TO (c) <u>Generalized arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple sclerosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u> <u>± 15 years</u> <u>± 10 years</u>		19a. DATE OF OPERATION <u>None</u>	
19b. MAJOR FINDINGS OF OPERATION <u></u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u></u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u></u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>443X</u>	
22. I hereby certify that I attended the deceased from <u>7/22</u> , 19 <u>50</u> , to <u>1/24</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/24</u> , 19 <u>52</u> , and that death occurred at <u>1057</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>M. L. Masterson, M.D.</u> (Degree or title)		23b. ADDRESS <u>Richmond, Mo.</u>	
23c. DATE SIGNED <u>1/25/52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u></u>	
24b. DATE <u>Jan. 27-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lawlock Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>3 miles North Liberty Mo</u>		DATE REC'D BY LOCAL REG. <u>Jan 25-1952</u>	
REGISTRAR'S SIGNATURE <u>Malhel Jackson</u> 273		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kaufshildt</u> ADDRESS <u>Berchending Hardening</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

890

APR 15 1954

52

NOV 9 1953

SEP 2 1954

MAY 2 1954

NOV 8 1954

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 ms

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed John W. Knipschild

Licensed Embalmer No. 2789

P. O. Address Hardin, 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.