

BATES, RICHARD MORTIMER, JR. (CALIFORNIA BIOGRAPHY FILE A)

Read Instructions on Back VITAL STATISTICS

1. FULL NAME **RICHARD MORTIMER BATES, JR.**

2. PLACE OF DEATH: (A) COUNTY **San Mateo**
 (B) CITY OR TOWN **So. San Francisco**
 IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL **Dead on arrival**
 (C) NAME OF HOSPITAL OR INSTITUTION **So. San Francisco Hospital**
 IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET NUMBER OR LOCATION
 (D) LENGTH OF STAY: (SPECIFY WHETHER YEARS, MONTHS OR DAYS)
 IN HOSPITAL OR INSTITUTION _____
 IN THIS COMMUNITY **5 yrs.** IN CALIFORNIA **25 yrs.**
 (E) IF FOREIGN BORN, HOW LONG IN THE U. S. A. _____ YEARS

3. (E) IF VETERAN, NAME OF WAR **None** 3. (F) SOCIAL SECURITY NO. **No Record**

4. SEX **Male** 5. COLOR OR RACE **White** 6. (A) SINGLE, MARRIED, WIDOWED OR DIVORCED **Married**

6. (B) NAME OF HUSBAND OR WIFE **Grace I. Bates** 6. (C) AGE OF HUSBAND OR WIFE IF ALIVE **abt 48** YEARS

7. BIRTHDATE OF DECEASED: **April 25 1887**
 MONTH DAY YEAR IF LESS THAN ONE DAY OLD

8. AGE **01** YRS **0** MOS **22** DAYS _____ HRS _____ MIN

9. BIRTHPLACE **Birmingham, Alabama**

10. USUAL OCCUPATION **Architect**

11. INDUSTRY OR BUSINESS **Own**

12. NAME **Richard Mortimer Bates**

13. BIRTHPLACE **Alabama**

14. MAIDEN NAME **Anna Marshall**

15. BIRTHPLACE **Alabama**

16. (A) INFORMANT **Mrs. Grace I. Bates**
 (B) ADDRESS **950 Baileyana Rd., Burlingame, Calif.**

17. (A) **Cremation** (B) DATE **5-20-48**
 BURIAL, CREMATION OR REMOVAL
 (C) PLACE **Cypress Lawn Memorial Park**

18. (A) EMBALMER'S SIGNATURE **E. H. Stanger** LICENSE NO. **3315**
 (B) FUNERAL DIRECTOR **Crosby & N. Gray & Co.**
 ADDRESS **2 Park Road, Burlingame**
 BY **[Signature]**

19. (A) **5-19-48** DATE FILED (B) **[Signature]** REGISTRAR'S SIGNATURE

3. USUAL RESIDENCE OF DECEASED
 (A) STATE **California**
 (B) COUNTY **San Mateo**
 (C) CITY OR TOWN **Burlingame**
 IF OUTSIDE CITY OR TOWN LIMITS, WRITE RURAL
 (D) STREET NO. **950 Baileyana Rd.**

20. DATE OF DEATH: MONTH **May** DAY **17**
 YEAR **1948** HOUR **3** MINUTE **53 PM**

21. MEDICAL CERTIFICATE
 I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM **June 1946** TO **May 15 1948**
 THAT I LAST SAW HIM **1 M** ALIVE ON **May 14 1948** AND THAT DEATH OCCURRED ON THE DATE AND HOUR STATED ABOVE.
 IMMEDIATE CAUSE OF DEATH **Coronary occlusion**

22. CORONER'S CERTIFICATE
 I HEREBY CERTIFY THAT I HELD AN AUTOPSY, INQUEST OR INVESTIGATION ON THE REMAINS OF THE DECEASED AND FOUND FROM SUCH ACTION THAT DECEASED CAME TO DEATH ON THE DATE AND HOUR STATED ABOVE.
 DURATION **1 d**
 DUE TO **Myocardial infarction** **6 M**
 DUE TO **Coronary artery disease** **2 y**

OTHER CONDITIONS (INCLUDE PREGNANCY WITHIN THREE MONTHS OF DEATH)
 MAJOR FINDINGS: OF OPERATIONS _____ DATE OF OPERATION _____
 OF AUTOPSY _____ PHYSICIAN UNDERLINE THE CAUSE TO WHICH DEATH SHOULD BE CHARGED STATISTICALLY

23. IF DEATH WAS DUE TO EXTERNAL CAUSES, FILL IN THE FOLLOWING:
 (A) ACCIDENT, SUICIDE, OR HOMICIDE? _____ (B) DATE OF INJURY _____
 (C) WHERE DID INJURY OCCUR? CITY OR TOWN _____ COUNTY _____ STATE _____
 (D) DID INJURY OCCUR IN OR ABOUT HOME, ON FARM, IN INDUSTRIAL PLACE, OR IN PUBLIC PLACE? _____ WHILE AT WORK? _____ SPECIFY TYPE OF PLACE _____
 (E) MEANS OF INJURY **By Motor Vehicle**

24. CORONER'S OR PHYSICIAN'S SIGNATURE **[Signature]** ADDRESS **375-17th Ave. S.F.** DATE **5-19-48**

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH CERTIFICATE OF DEATH

The foregoing document is a true and correct copy of the original record filed in this office in Vol. 34 of Death Records, at page 541

CERTIFIED Dated February 15, 1965
Ruth Forste County Recorder
 in and for the County of San Mateo,
 State of California.

HISTORY DEPARTMENT LOS ANGELES PUBLIC LIBRARY 630 WEST FIFTH STREET LOS ANGELES, CALIF. 90071