

FILED JUN 29 1948

Registration District No. 376

Primary Registration District No. 6075

Registrar's No. 200

## 1. PLACE OF DEATH:

(a) County St. Francois  
 (b) City or town Farmington RURAL St. Francois  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Missouri State Hospital No. 42  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 6 das.  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME LUCY BATY3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Marion J. Baty  
 6. (c) Age of husband or wife if alive Unknown years  
 7. Birth date of deceased August 9 1907  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>10</u>	<u>12</u>	.....hr. ....min.

9. Birthplace: Unknown Missouri  
(City, town, or county) (State or foreign country)10. Usual occupation: Housewife

## 11. Industry or business:

12. Name Orrie Bolly  
 13. Birthplace Unknown Arkansas  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Elsie Vandiver  
 15. Birthplace Unknown Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Records, State Hospital No. 4  
 (b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 6-25-48  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thomasville Cem., Thomasville, Mo.

18. (a) Signature of funeral director Roberts Undertaking Co.  
 (b) Address West Plains, Missouri

19. (a) 6-23-48 (b) Ethel Redloff  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Oregon  
 (c) City or town Thomasville  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Unknown  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
 year 1948 hour 4 minute 45 P.M.

21. I hereby certify that I attended the deceased from June 15, 1948, 19..... to June 21, 1948, 19.....  
 that I last saw her alive on June 21, 1948, 19.....  
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute coronary thrombosis  
Coronary sclerosis  
 Due to..... Duration 15 min.  
Abt. 1 yr.

Due to.....  
 Due to..... 94A

Other conditions.....  
 (Include pregnancy within 3 months of death)  
Exhaustion due to psychosis of unknown origin.

Major findings:  
 Of operations.....  
 Of autopsy: No autopsy.

## PHYSICIAN

Underline the cause of which death should be charged statistically.

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....  
 (b) Date of occurrence.....  
 (c) Where did injury occur?.....  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?.....  
 (Specify type of place)

While at work?..... (e) Means of injury.....  
 23. Signature J. A. Brennan (M. D. or other) 920  
 Address State Hosp. #4 Farmington, Mo. Date signed 6/21/48

75  
0  
0  
1

MOTHER FATHER

RECEIVED

District Health Officer No. 4

District File Number 648-82

Date Filed 6-28-48

JUL 2 1948

---

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*CA Cozen*

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.