

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23054

State File No. _____

Registrar's No. 612

FILED JUL 18 1949

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

1. PLACE OF DEATH a. COUNTY <u>Greene</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place) <u>12 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		39
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1520 East Florida</u>			d. STREET ADDRESS (If rural, give location) <u>1520 E Florida</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u>		b. (Middle) <u>Foskett</u>	c. (Last) <u>Batchelder</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 11 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 20, 1880</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>	11. BIRTHPLACE (State or foreign country) <u>Memrimack, New Hampshire</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>George P Foskett</u>		13b. MOTHER'S MAIDEN NAME <u>Orie Emma Adams</u>	14. NAME OF HUSBAND OR WIFE <u>Oliver H. Batchelder</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver H Batchelder, Springfield, 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>probably chronic</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-vascular renal disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>44 2X</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
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 <u>6:30 Am.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>W. S. Hauckley M.D. D</u>		Local Registrar of <u>Vital Statistics</u>		23b. ADDRESS <u>Pete Hall Springfield Mo</u>	23c. DATE SIGNED <u>7/12-49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremation</u>	24b. DATE <u>July 14, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D W Newcomer's Sons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>7-12-49</u>	REGISTRAR'S SIGNATURE <u>W. S. Hauckley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Sabmeyer F. H.</u>	ADDRESS <u>Springfield, Mo.</u> <u>B.F.W.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 18 1949

AUG 1 4 1949

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Signed.....
Student Embalmer

Signed *Jewell E. Muel* _____

Licensed Embalmer No. *2831* _____

P. O. Address *Springfield* _____

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.