

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **16077**

FILED MAY 18 1950

|                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                               |  |                                                                                |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                |  | REG. DIST. NO. <u>50</u>                                                                                                                                                                                                                                                                                                                                                                                             |  | PRIMARY REG. DIST. NO. <u>5179</u>                                                                                                            |  | Registrar's No. <u>11</u>                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Camden</u>                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Greene</u> |  |                                                                                |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Osage Twnship</u>                                                                                                                                      |  | c. LENGTH OF STAY (In this place) <u>not at all</u>                                                                                                                                                                                                                                                                                                                                                                  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield (Rural)</u>                                       |  | <u>0390</u>                                                                    |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | d. STREET ADDRESS (If rural, give location) <u>Route # 3</u>                                                                                  |  |                                                                                |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Clarence</u>                                                                                                                                                                              |  | b. (Middle) <u>W.</u>                                                                                                                                                                                                                                                                                                                                                                                                |  | c. (Last) <u>BATCHELDER</u>                                                                                                                   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>MAY 7, 1950</u>                    |  |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                             |  | 6. COLOR OR RACE <u>White</u>                                                                                                                                                                                                                                                                                                                                                                                        |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>                                                                         |  | 8. DATE OF BIRTH <u>March 2 1882</u>                                           |  |
| 9. AGE (In years last birthday) <u>68</u>                                                                                                                                                                                                      |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Real Estate Dealer</u>                                                                                                                                                                                                                                                                                                 |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>                                                                                          |  | 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Kansas</u>           |  |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                                                                                                                                                                                                        |  | 13a. FATHER'S NAME (Unknown) <u>Bachelor</u>                                                                                                                                                                                                                                                                                                                                                                         |  | 13b. MOTHER'S MAIDEN NAME <u>Jane Whillington</u>                                                                                             |  | 14. NAME OF HUSBAND OR WIFE <u>Vera 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<br><u>Mrs. Vera Batchelder Spfld, Mo.</u>                                                           |  |                                                                                |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of Brain</u><br><br>ANTECEDENT CAUSES<br>DUE TO (b) <u>Plane Crash</u><br>DUE TO (c) <u>Plane struck high line and plunged to Earth</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>19a. DATE OF OPERATION _____ |  |                                                                                                                                               |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>Sudden</u><br><u>E 866</u><br><u>39</u> |  |
| 19b. MAJOR FINDINGS OF OPERATION <u>015</u>                                                                                                                                                                                                    |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                               |  |                                                                                |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>                                                                                                                                                                                       |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Lake of the Ozarks Osage Ts - Camden Co</u>                                                                                                                                                                                                                                                                                    |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)<br><u>Mo</u>                                                                                  |  |                                                                                |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 7 - 1950 9:30</u>                                                                                                                                                                       |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                    |  | 21f. HOW DID INJURY OCCUR? <u>Plane Crash</u>                                                                                                 |  |                                                                                |  |
| 22. I hereby certify that I attended the deceased from <u>May 7, 1950</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                               |  |                                                                                |  |
| 23a. SIGNATURE (Degree or title) <u>Abbie Woolery 3rd Coroner</u>                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 23b. ADDRESS <u>Camden, Mo</u>                                                                                                                |  | 23c. DATE SIGNED <u>7 May 9-50</u>                                             |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>                                                                                                                                                                                        |  | 24b. DATE <u>5/9/50</u>                                                                                                                                                                                                                                                                                                                                                                                              |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>                                                                                           |  | 24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>          |  |
| DATE REC'D BY LOCAL REG. <u>May 9-1950</u>                                                                                                                                                                                                     |  | REGISTRAR'S SIGNATURE <u>Zelpha Inad</u>                                                                                                                                                                                                                                                                                                                                                                             |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>H.H. Lohmeyer</u>                                                                                         |  | ADDRESS <u>Springfield, Mo.</u>                                                |  |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-17-50  
District Health Officer No. 7.  
District File Number 4-50-52  
Date Filed 5-17-50

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Walter E. Hamilton*

Licensed Embalmer No. 3808

P. O. Address *Springfield 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.