

FILED JUL 31 1950

STANDARD CERTIFICATE OF DEATH

State File No. 23254
629-A
Registrar's No. _____

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

\$96
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE PERMANENT RECORD

1. PLACE OF BIRTH a. COUNTY <u>Breene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Massachusetts</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jasper</u>	
c. LENGTH OF STAY (in this place) <u>4 wks</u>		d. STREET ADDRESS (If rural, give location) <u>Pearl Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>722 East Church St</u>			

3. NAME OF DECEASED (First) <u>Raymond Fletcher</u> (Middle) <u>Batten</u> (Last) <u>Batten</u>			4. DATE OF DEATH (Month) <u>July</u> (Day) <u>13</u> (Year) <u>1950</u>		
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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>Oct 27 1899</u>		9. AGE (In years last birthday) <u>50</u> MONTHS <u>8</u> DAYS <u>26</u>		10. IF UNDER 18 Hrs. Mtn.	
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10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>			10a. KIND OF BUSINESS OR INDUSTRY <u>Saleswork</u>			11. BIRTHPLACE (State or foreign country) <u>Paoli Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
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13a. FATHER'S NAME <u>Fletcher W. Batten</u>			13b. MOTHER'S MAIDEN NAME <u>Maggie Mc Nemell</u>			14. NAME OF HUSBAND OR WIFE <u>Georgia Batten</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>548-16-385</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John Batten</u>		ADDRESS <u>1916 College St Springfield Mo</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Carcinoma of Brain Bilateral</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 mo</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES						?	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Carcinoma</u>							
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS						163X	
		Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 6-20, 1950, to 7-13, 1950, that I last saw the deceased alive on 6-11, 1950, and that death occurred at 4:49 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C. E. Feller M.D.</u>		23b. ADDRESS <u>609 Cherry Springfield</u>		23c. DATE SIGNED <u>7/15/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal July 13 1950</u>		24b. DATE <u>July 13 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Sealed Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Balsam Mo</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>W E Handberg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul Blue</u>		ADDRESS <u>Balsam Mo</u>	
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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 *William B. Ewing*

Licensed Embalmer No. *3092*

P. O. Address *Balixie, 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.