

FILED AUG 23 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>122</u>		PRIMARY REG. DIST. NO. <u>4201</u>		Registrar's No. <u>16</u>	
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) <u>Republic</u>		c. LENGTH OF STAY (in this place) <u>life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Republic</u>		<u>1390</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>North MAIN St.</u>				d. STREET ADDRESS (If rural, give location) <u>North MAIN</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Batson</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>August 12, 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>2-8-1875</u>	9. AGE (In years) IF UNDER 1 YEAR (In birthday) Months Days	IF UNDER 4 HRS. Hours Min.	<u>75yr</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Batson</u>		13b. MOTHER'S MAIDEN NAME <u>Susann</u>		14. NAME OF HUSBAND OR WIFE <u>Not married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Batson</u>		ADDRESS <u>Republic, 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, asthemia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of liver</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 Year</u>	
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				<u>5810</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>6 Aug</u> , 1950, to <u>12 Aug</u> , 1950, that I last saw the deceased alive on <u>12 Aug</u> , 1950, and that death occurred at <u>1 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Karl J. Leidingger Jr. M.D.</u>				23b. ADDRESS <u>Republic, Mo.</u>		23c. DATE SIGNED <u>8-14-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>John's Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>Greene MO.</u>		
DATE REC'D BY LOCAL REG. <u>Aug-15-1950</u>		REGISTRAR'S SIGNATURE <u>Glourence Britain</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Fossett</u>		ADDRESS <u>Republic, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side) Gene B. Hunter

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

RECEIVED

Greene County Health Office,

County File Number 50-8-40

Date Filed 8-21-50

NOV 5 1951

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 Gene C. Hunter

Licensed Embalmer No. 4739

P. O. Address Republic, 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.