

FILED JUN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17683

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 4451 Registrar's No. 216

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Naylor, Mo</b> ) c. LENGTH OF STAY (in this place) <b>48 Yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Naylor, Mo</b> <b>0910</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sons Home</b>		d. STREET ADDRESS (If rural, give location) <b>Naylor, Mo</b> <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Henry</b> b. (Middle) <b>Clay</b> c. (Last) <b>Batten</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 24 1951</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>1/13/ 1886</b>	9. AGE (In years last birthday) <b>95</b>	10. IF UNDER 1 YEAR Months <b>4</b> Days <b>11</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>	11. BIRTHPLACE (State or foreign country) <b>Hunington, Tenn</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Batten</b>	13b. MOTHER'S MAIDEN NAME <b>Emily King</b>	14. NAME OF HUSBAND OR WIFE <b>Elizabeth Ann Tilman</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Lee Batten</b> ADDRESS <b>Naylor, Mo</b>

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>angina pectoris</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>metastasis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>general infirmities of old age</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>none</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>	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) <b>none</b>	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 **April 16, 1951**, to **May 24, 1951** that I last saw the deceased alive on **May 20, 1951**, and that death occurred at **4 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. Beechett</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>Naylor Mo</b>	23c. DATE SIGNED <b>5/28/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 26, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Naylor Cemetery</b>
DATE REC'D BY LOCAL REG. <b>6-4-51</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b> <b>277</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Gish Funeral Home, Naylor, Mo.</b> ADDRESS

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

910  
1

RECEIVED

JUN 11 1951

DISTRICT HEALTH OFFICE No. 6

File No. ....

---

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 *Dwight McCord* .....

Licensed Embalmer No. *4079* .....

P. O. Address *May 1st, 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.