No. 300
30-48

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21784

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 6112 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY: Scott
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural (Rockview Kelso Twp)
c. LENGTH OF STAY (in this place): 34 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Scott
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chaffee Rural Kelso Twp
d. STREET ADDRESS (If rural, give location): R R 2. Rockview Village

3. NAME OF DECEASED (Type or Print)
a. (First): Barbara
b. (Middle): Adaline
c. (Last): Batts

4. DATE OF DEATH (Month) (Day) (Year): July 7 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 19, 1867
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ✓
11. BIRTHPLACE (State or foreign country): Scott Co. Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Jesse Cruse
13b. MOTHER'S MAIDEN NAME: Mary Uthey
14. NAME OF HUSBAND OR ~~WIFE~~: William R Batts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Barbara Ann Leal — ADDRESS: 414-14st Sparks. Nev.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PULMONARY HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CA OF RT. COLON c̄ METASTASES — 9 MO.
DUE TO (c): ——

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: extreme cachexia — 6 mo.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None — 153X
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NATURAL
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): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ——

22. *I hereby certify that I attended the deceased from* MAR, 1951, *to* July 7, 1951, *that I last saw the deceased alive on* JULY 5, 1951, *and that death occurred at* 6 50/A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. J. Mosebach, D.O. 2
23b. ADDRESS: Chaffee, Mo.
23c. DATE SIGNED: July 8, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 9, 1951
24c. NAME OF CEMETERY OR CREMATORY: Morley
24d. LOCATION (City, town, or county) (State): Morley Mo

DATE REC'D BY LOCAL REG.: July 8 1951
REGISTRAR'S SIGNATURE: Mame Buplinghoff — Deputy
25. FUNERAL DIRECTOR'S SIGNATURE: Buplinghoff Funeral Home — ADDRESS: Chaffee Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUL 9 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 751-14

VS DEC 28 1950

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 Mamie Bisplinghoff

Licensed Embalmer No. 3242

P. O. Address Chaffee Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.