

S. No. 300 FILED OCT 2 1951  
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30033

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 122 PRIMARY REG. DIST. NO. 4201 Registrar's No. 14

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

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Republic</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Republic</b>	
c. LENGTH OF STAY (in this city) <b>7 MONTH</b>		0390	
d. FULL NAME OF (If not in hospital) or institution, give street address or location) HOSPITAL OR INSTITUTION <b>South East of City</b>		d. STREET ADDRESS (If rural, give location) <b>South East of City</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ceolia</b> b. (Middle) <b>D.</b> c. (Last) <b>Batson</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept. 24, 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>July 5, 1868</b>	9. AGE (In years last birthday) <b>83</b>	10 UNDER 1 YEAR Months	10 UNDER 1 HR. Hours	10 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, or in if retired) <b>Retired</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>FARMING</b>	11. BIRTHPLACE (State or foreign country) <b>Greene County, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>UNKNOWN</b>	13b. MOTHER'S MAIDEN NAME <b>UNKNOWN</b>	14. NAME OF HUSBAND OR WIFE <b>Cardia Batson</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>UNKNOWN</b>	16. SOCIAL SECURITY NO. <b>UNKNOWN</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Emmitt Batson</b>	ADDRESS <b>Republic, MO.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>auricular fibrillation</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>left ventricular strain</b>		
	DUE TO (c) <b>myocardial infarction with thrombosis</b>		
II. OTHER SIGNIFICANT CONDITIONS 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 checked="" 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)	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 **9-20-1951**, to **Sept. 24, 1951**, that I last saw the deceased alive on **Sept. 24, 1951**, and that death occurred at **3:30 AM.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. M. ...</b>	23b. ADDRESS <b>Box 248 Republic, MO.</b>	23c. DATE SIGNED <b>9-26-51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>9/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wade Chapel</b>	24d. LOCATION (City, town, or county) (State) <b>Republic, MO.</b>
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DATE REC'D BY LOCAL REG. <b>9-26-1951</b>	REGISTRAR'S SIGNATURE <b>Glenn Britain</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Max Fossett</b>	ADDRESS <b>Sum Home Republic, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Greene County Health Office,

County File Number 51-10-60

Date Filed 10-1-51

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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

*Gene B. 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.