

FILED DEC 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 41326

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

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 5461		Registrar's No. 1082-A	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rogersville</u>		c. LENGTH OF STAY (In this place) <u>13, R.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rogersville</u>		d. STREET ADDRESS (If rural, give location) <u>R#3 about 5 mi S.W. Rogersville</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>(about 5 mi S.W. of ROGERSVILLE)</u>							
3. NAME OF DECEASED a. (First) <u>GEORGE</u>			b. (Middle) <u>Raymond</u>	c. (Last) <u>BATTERSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 21 51</u>	
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>JUNE 30, 1900</u>		9. AGE (In years last birthday) <u>51</u>	10. MONTHS <u>6</u>	11. DAYS <u>22</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>FARMER</u>		11. BIRTHPLACE (State or foreign country) <u>ROCKY MOUNTAIN, IOWA</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>C. F. L. I. C.</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH NEWMAN</u>		14. NAME OF HUSBAND OR WIFE <u>IDA MACE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>525147189</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ida BATTERSON, Rogersville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Artery Disease</u> DUE TO (c) <u>Cause Unknown</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>				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)		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>July</u> , 19 <u>48</u> , to <u>Nov 15</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 15</u> , 19 <u>51</u> , and that death occurred at <u>29</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Vincent R Mc Cormick</u>				23b. ADDRESS <u>Ozark Mo</u>		23c. DATE SIGNED <u>12/22/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>12/27/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HOLLAND</u>		24d. LOCATION (City, town, or county) (State) <u>ROGERSVILLE RR MO</u>		
DATE REC'D BY LOCAL REG. <u>12-26-51</u>		REGISTRAR'S SIGNATURE <u>Edith Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Jewell</u>			
				ADDRESS <u>Rogersville mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 _____

working under my personal supervision.

Student Embalmer No.

Signed K. K. Kelley

Signed.....
Student Embalmer

Licensed Embalmer No. 3334

P. O. Address Fardland 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.