FILED MAR 3 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 5677

BIRTH NO. 8690 REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 29

**1. PLACE OF DEATH**
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (In this place): 20 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Chillicothe Hospital

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 0597
d. STREET ADDRESS (If rural, give location): Jackson Street

**3. NAME OF DECEASED** (Type or Print)
a. (First): Infant
b. (Middle):
c. (Last): Batson

**4. DATE OF DEATH** (Month) (Day) (Year): Feb 20 52

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never married
**8. DATE OF BIRTH**: Feb. 19, 1952
**9. AGE** (In years last birthday): 0 — If under 1 year: Months 0, Days; If under 24 hrs.: Hours 20, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): None
**10b. KIND OF BUSINESS OR INDUSTRY**: None
**11. BIRTHPLACE** (State or foreign country): Chillicothe Missouri
**12. CITIZEN OF WHAT COUNTRY?**: U. S. A.

**13a. FATHER'S NAME**: Jim Willard Batson
**13b. MOTHER'S MAIDEN NAME**: Claudine Craydner
**14. NAME OF HUSBAND OR WIFE**:

**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**: Jim L. Batson — **ADDRESS**: Chillicothe Mo.

**18. CAUSE OF DEATH** — MEDICAL CERTIFICATION

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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 6 Mon Premature Infant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Not fully developed

DUE TO (c):

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**: 776X
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**:

22. *I hereby certify that I attended the deceased from* 19 Feb, 1952, *to* 20 Feb, 1952, *that I last saw the deceased alive on* 20 Feb, 1952, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): V D Vandria M.D.
**23b. ADDRESS**: Chillicothe Mo
**23c. DATE SIGNED**: 22 Feb 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Feb 21, 52
**24c. NAME OF CEMETERY OR CREMATORY**: Avalon Cemetery
**24d. LOCATION** (City, town, or county) (State): Avalon Missouri

DATE REC'D BY LOCAL REG.: Feb 22 - 52
REGISTRAR'S SIGNATURE: Francis B. Neill
**25. FUNERAL DIRECTOR'S SIGNATURE**: Norman Funeral Home — **ADDRESS**: Chillicothe Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

## 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 Emmett Everett

Signed.....
Student Embalmer

Licensed Embalmer No. 4748

P. O. Address Chillicothe, M

**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.**