

STANDARD CERTIFICATE OF DEATH

State File No. **36078**

LEO OCT 21 1952

BIRTH NO. 124 71103 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 317

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u> <u>0901</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RONNIE</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>BATTON</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 10 1952</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Oct 9, 1952</u>	9. AGE (In years last birthday) Months Days	10. UNDER 18 (In years, Months, Days)
<u>NEVER MARRIED</u>			<u>8 Yrs</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Bonne Terre, MO</u>	12. CITIZEN OF WHAT COUNTRY <u>USA.</u>
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13a. FATHER'S NAME <u>Orville Batton</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Ruth Duncan</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orville Batton</u>	ADDRESS <u>St. Louis, MO</u>
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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, asphyxia, 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) <u>Asphyxia due to aspirated amniotic fluid</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prematurity</u> DUE TO (c)		
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 <u>7625</u>	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 Oct. 9, 1952, to Oct. 10, 1952, that I last saw the deceased alive on Oct. 9, 1952, and that death occurred at 1:AM. m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. Richard Crouch</u> M.D.	23b. ADDRESS <u>Farmington, Mo.</u>	23c. DATE SIGNED <u>10-13-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>OCT 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORIAL <u>CHRISTIAN CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Fredricktown, MO</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 13, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel R. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Raymond Caldwell</u>	ADDRESS <u>Flat River, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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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

not embalmed

Signed *P. Caldwell*

Licensed Embalmer No. *2531*

P. O. Address *Filat River, 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.