

FILED DEC 24 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41926

BIRTH NO. _____ REG. DIST. NO. 104 PRIMARY REG. DIST. NO. 4176 Registrar's No. 52

351
1

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

1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden			c. LENGTH OF STAY (in this place) 31 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Malden 0351				
d. FULL NAME OF HOSPITAL OR INSTITUTION 213 S. Marion				d. STREET ADDRESS (If rural, give location) 213 S. Marion				
3. NAME OF DECEASED (Type or Print) a. (First) PANSY			b. (Middle) BLOSSOM		c. (Last) BATLEY		4. DATE OF DEATH (Month) (Day) (Year) November 13, 52	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 22, 1902		9. AGE (In years last birthday) 50	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 Housewife		11. BIRTHPLACE (State or foreign country) Hickman Ky		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME George Glaser			13b. MOTHER'S MAIDEN NAME Dora Kittinger		14. NAME OF HUSBAND OR WIFE B. B. Bailey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME B. B. Bailey ADDRESS Malden, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Ovary ANTECEDENT CAUSES Breast Removed 5 years ago DUE TO (b) 175x DUE TO (c) 175x II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 1 yr	
19a. DATE OF OPERATION Nov		19b. MAJOR FINDINGS OF OPERATION apertures at Memphis - Breast - Female				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 Nov 1951 , to Nov 13, 1952 , that I last saw the deceased alive on Nov 13, 1952 , and that death occurred at 5:25A m., from the causes and on the date stated above.								
23a. SIGNATURE (Type or Print) J. J. Schumann				23b. ADDRESS Malden, Mo.		23c. DATE SIGNED Nov 14, 52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-14-52	24c. NAME OF CEMETERY OR CREMATORY Memorial Park		24d. LOCATION (City, town, or county) (State) Malden, Mo.			
DATE REC'D BY LOCAL REG. 12/13/52		REGISTRAR'S SIGNATURE J. J. Schumann		25. FUNERAL DIRECTOR'S SIGNATURE Day Funeral Home ADDRESS Malden, Mo				

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....12-15-52.....
COUNTY FILE NUMBER 1252-340

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 J. W. Schuman

Licensed Embalmer No. 4086

P. O. Address Maedon

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.