

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

43127

State File No. _____

FILED DEC 30 1952.

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5998</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>PUTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>PUTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POWERSVILLE</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POWERSVILLE</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>							
3. NAME OF DECEASED (Type or Print) <u>CATHERINE</u>		a. (First)		b. (Middle)		c. (Last) <u>BATSON</u>	
4. DATE OF DEATH <u>DEC. 11-52</u>		(Month)		(Day)		(Year)	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>DEC 9. 1861</u>		9. AGE (in years last birthday) <u>91</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>ret</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Andrew J. Batson</u>		13b. MOTHER'S MAIDEN NAME <u>Charlotte Moore</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME _____ ADDRESS _____			
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) <u>Cerebral apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis cerebral</u>				INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u> <u>15 yrs.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>334X</u>				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 <u>Mar. 18</u> , 19 <u>49</u> , to <u>Dec 11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Dec 11</u> , 19 <u>52</u> , and that death occurred at <u>3 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. H. Dale M.D.</u> (Degree or title)				23b. ADDRESS <u>Newtown, Mo.</u>		23c. DATE SIGNED <u>12/14/52</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Dec 13</u>		24b. DATE <u>Dec 13</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Powersville</u>		24d. LOCATION (City, town, or county) (State) <u>Putnam Co. MO.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-52</u>		REGISTRAR'S SIGNATURE <u>Marvell Dumb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Husted & Son</u> ADDRESS <u>Unionville</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>MO</u>	

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

F. O. Husted

Licensed Embalmer No. *2975*

P. O. Address *Unionville N.C.*

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.