

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4648

State File No.

FILED JAN 26 1953

BIRTH NO. _____ REG. DIST. NO. 371 PRIMARY REG. DIST. NO. 6262 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <u>WEBSTER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-W. DALLAS</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>RURAL-W. DALLAS Twshp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rt. 4, Marshfield 1120</u>	

3. NAME OF DECEASED (First) (Middle) (Last) <u>QUEEN ARBELLA BATEMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12 1953</u>					
5. SEX <u>F</u>	COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 15 1860</u>	9. AGE (In years last birthday) <u>92</u>	IF UNDER 1 YEAR Months <u>28</u>	IF UNDER 24 HRS. Days <u>28</u>	IF UNDER 24 HRS. Hours <u>28</u>	IF UNDER 24 HRS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARSHFIELD MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		

13a. FATHER'S NAME <u>ALBERT MELTON</u>		13b. MOTHER'S MAIDEN NAME <u>ELIZA MORRIS</u>		14. NAME OF HUSBAND OR WIFE <u>CARTER BATEMAN</u>	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>CLAUDE BATEMAN MARSHFIELD 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis, Chronic</u>		<u>Years</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Generalized</u>		<u>Years</u>
DUE TO (c) <u>Advanced Age-Degenerative.</u>		<u>Years</u>	
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>4221.</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) (m.)	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 Sept. 4, 1952, to Jan. 12, 1953, that I last saw the deceased alive on about Jan. 4, 1953, and that death occurred at 11A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>C.P. Macdonnell, M.D.</u>	23b. ADDRESS <u>Marshfield, Mo.</u>	23c. DATE SIGNED <u>Jan. 12, '53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>1-14-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. OLIVE</u>
24d. LOCATION (City, town, or county) (State) <u>WEBSTER Co MO</u>		

DATE REC'D BY LOCAL REG. <u>1-23-53</u>	REGISTRAR'S SIGNATURE <u>Lester W. Good</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO MARSHFIELD</u>
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(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.....



Licensed Embalmer No. 3848

P. O. Address City, Town

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.