

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4649

State File No.

FILED FEB 6 1953

BIRTH NO. _____		REG. DIST. NO. <u>372</u>		PRIMARY REG. DIST. NO. <u>4543</u>		Registrar's No. <u>2</u>									
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>											
b. CITY (If outside corporate limits, write RURAL and give town): OR TOWN <u>SEYMOUR</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>SEYMOUR T.W.N</u>		d. STREET ADDRESS (If rural, give location) <u>1120</u>									
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>1120</u>											
3. NAME OF DECEASED (Type or Print)			a. (First) <u>JAMES</u>			b. (Middle) <u>SAMPSON</u>			c. (Last) <u>BATY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 22 1953</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Dec. 30 - 1896</u>		9. AGE (In years last birthday) <u>56</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>22</u>		IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>PAINTING</u>				11. BIRTHPLACE (State or foreign country) <u>Christian County, Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Wiley Baty</u>				13b. MOTHER'S MAIDEN NAME <u>Sophia Richardson</u>				14. NAME OF HUSBAND OR WIFE <u>ANN BATY</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>ANN BATY</u>						ADDRESS <u>SEYMOUR MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH			
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>													
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis</u>													
		DUE TO (c) <u>4201</u>													
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>myocardial insufficiency</u>													
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										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 <u>2-16</u> , 19 <u>52</u> , to <u>1-22</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>1-15</u> , 19 <u>52</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.															
23a. SIGNATURE (Degree or title) <u>Walter D. Muehl, D.O., Municipal, Mo.</u>						23b. ADDRESS				23c. DATE SIGNED <u>1-27-53</u>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 26 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SEYMOUR</u>				24d. LOCATION (City, town, or county) (State) <u>SEYMOUR MISSOURI</u>							
DATE REC'D BY LOCAL REG. <u>1-31-53</u>		REGISTRAR'S SIGNATURE <u>Gilbert Jones</u>				343-		25. FUNERAL DIRECTOR'S SIGNATURE <u>Kelley - Farrell - Bergman</u>				ADDRESS <u>Seymour Mo.</u>			

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 *Max J Miller*

Licensed Embalmer No. *4720*

P. O. Address *Manassas 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.