

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8582

State File No. ....

FILED MAR 4 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6268 Registrar's No. 4

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

1. PLACE OF DEATH a. COUNTY <b>WEBSTER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>WEBSTER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Finley</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Finley T. W. P.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>1120</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILEY</b> b. (Middle) <b>G.</b> c. (Last) <b>BATY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>2-27-53</b>
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>5-4-1868</b>
9. AGE (In years last birthday) <b>84</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED FARMER</b>	11. BIRTHPLACE (State or foreign country) <b>ILL</b>
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13. FATHER'S NAME <b>ORGILE BATY</b>	
13b. MOTHER'S MAIDEN NAME <b>SOPHA RICHARDSON</b>		14. NAME OF HUSBAND OR WIFE <b>SUSIE BATY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NO</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MINNIE BERRY SEYMOUR</b>		ADDRESS <b>MO.</b>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Prostatic Hypertrophy</b> DUE TO (c) <b>610X</b> 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	
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)		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 <b>Jan 5, 1953</b> to <b>Feb 21, 1953</b> , that I last saw the deceased alive on <b>Feb 20, 1953</b> , and that death occurred at <b>10:30 a.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>J. R. Lee</b>		23b. ADDRESS <b>D. O. Seymour Mo.</b>	
23c. DATE SIGNED <b>2/21/53</b>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <b>BURLIAL</b>	
24b. DATE <b>2-24-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>STAR</b>	
24d. LOCATION (City, town, or county) (State) <b>WEBSTER CO. MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Robert Seymour</b>	
DATE REC'D BY LOCAL REG. <b>2-27-53</b>		REGISTRAR'S SIGNATURE <b>Gilbert Jones</b>	
ADDRESS		ADDRESS	

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 *Manfield Me* .....

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.