

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **18741**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 4326 Registrar's No. 214

|  |                               |  |  |  |  |
|--|-------------------------------|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Miller</u>   |                               |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Miller</u> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olean</u>  |                               | c. LENGTH OF STAY (in this place)  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Olean</u> <u>0660</u>                                      |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lane Nursing Home</u>   |                               |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>WILLIAM HARRISON LEVI BATTY</u><br>b. (Middle) _____<br>c. (Last) _____   |                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>May 31, 1953</u>   |  |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>  | 8. DATE OF BIRTH <u>May 31, 1871</u>   | 9. AGE (In years last birthday) <u>82</u>  | IF UNDER 1 YEAR Months _____ Days _____                          |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY _____  | 11. BIRTHPLACE (State or foreign country) <u>Missouri</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>                          |
| 13a. FATHER'S NAME <u>Robert Lee Batty</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u>   | 14. NAME OF HUSBAND OR WIFE <u>Martha Battv</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. <u>None</u>  | 17. INFORMANT'S SIGNATURE OR NAME <u>Roy Kneisley</u> ADDRESS <u>Emon, Mo.</u>   |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Coronary insufficiency</u><br>DUE TO (c) <u>General debility</u><br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>5 yrs</u><br><u>2 mo.</u> |
| 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) <u>4201</u>  |  |  |
| 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 <u>4/20</u> , 19 <u>53</u> , to <u>May 31, 1953</u> , that I last saw the deceased alive on <u>May 31, 1953</u> and that death occurred at <u>4 P. m.</u> , from the causes and on the date stated above. |                               |  |  |  |  |
| 23a. SIGNATURE <u>Geo. E. Minnell D.V. 2</u> (Degree or title)   |                               | 23b. ADDRESS <u>Eldon Mo.</u>  |  | 23c. DATE SIGNED <u>6/1/53</u>   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |                               | 24b. DATE <u>June 2, 1953</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Olean</u>  | 24d. LOCATION (City, town, or county) (State) <u>Olean, Missouri</u>             |  |
| DATE REC'D BY LOCAL REG. <u>June 1, 53</u>   |                               | REGISTRAR'S SIGNATURE <u>Alvaretta W. Walters</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis P. Phillips</u> ADDRESS <u>Eldon</u>   |  |

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

JUN 24 1958

JUN 5 1958

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.....

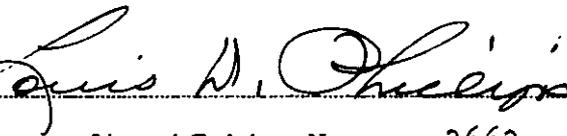
Louis D. Phillips

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed



Licensed Embalmer No. .... 3663

P. O. Address ..... Eldon

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.