

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29459

State File No. ....  
Registrar's No. ....

FILED SEP 1 - 1953

SEP 1 1953

5875

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 255 PRIMARY REG. DIST. NO. \_\_\_\_\_

|   |  |   |  |  |  |
|---|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>OREGON</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>OREGON</b> |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <b>THOMASVILLE</b> |  | c. LENGTH OF STAY (in this place) <b>7 yrs.</b> | c. CITY (If outside corporate limits, write RURAL and give township) <b>THOMASVILLE,</b>   |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>X X</b>                                      |  |   | d. STREET ADDRESS (If rural, give location) <b>R F D</b>   |  |  |

|  |             |           |  |  |  |
|--|-------------|-----------|--|--|--|
| 3. NAME OF DECEASED (Type or Print) <b>JAMES MARION BATY</b> |             |           | 4. DATE OF DEATH (Month) (Day) (Year) <b>7-25-53</b> |  |  |
| a. (First)   | b. (Middle) | c. (Last) |  |  |  |

|  |                           |   |  |   |                                    |   |                           |                          |
|--|---------------------------|---|--|---|------------------------------------|---|---------------------------|--------------------------|
| 5. SEX <b>M</b>  | 6. COLOR OR RACE <b>W</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>CHILD</b> | 8. DATE OF BIRTH <b>1-15-1945</b>            | 9. AGE (In years last birthday) <b>8</b>                        | IF UNDER 1 YEAR<br>Months <b>6</b> | IF UNDER 1 YEAR<br>Days <b>10</b>       | IF UNDER 24 HRS.<br>Hours | IF UNDER 24 HRS.<br>Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b> |                           |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>X X</b> | 11. BIRTHPLACE (State or foreign country) <b>SELMA, ALABAMA</b> |                                    | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |                           |                          |

|                                    |   |  |
|------------------------------------|---|--|
| 13a. FATHER'S NAME <b>E D BATY</b> | 13b. MOTHER'S MAIDEN NAME <b>LUCY WHITTED</b> | 14. NAME OF HUSBAND OR WIFE <b>X X</b> |
|------------------------------------|---|--|

|  |                                  |  |         |
|--|----------------------------------|--|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>X</b> | 16. SOCIAL SECURITY NO. <b>X</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>E D BATY, THOMASVILLE, MO</b> | ADDRESS |
|--|----------------------------------|--|---------|

|  |  |   |  |                                  |
|--|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION                         |  | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fractured Skull - lacerations of upper</b>   |  | body  |  |                                  |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | DUE TO (b) <b>Struck by car on Highway 80</b> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.          |  | <b>5 miles north of Thomasville</b>           |  |                                  |

|                        |   |  |
|------------------------|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>E 8124 25</b> | 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) <b>075</b> (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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:45 AM** from the causes and on the date stated above.

|  |                                     |                                 |
|--|-------------------------------------|---------------------------------|
| 23a. SIGNATURE (Degree or title) <b>Lee O. Martin, Coroner</b> | 23b. ADDRESS <b>St. Joseph, Mo.</b> | 23c. DATE SIGNED <b>7-30-53</b> |
|--|-------------------------------------|---------------------------------|

|  |                          |  |  |
|--|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b> | 24b. DATE <b>7-26-53</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>JOLLIFF CEMETERY</b> | 24d. LOCATION (City, town, or county) (State) <b>ROVER, MISSOURI</b> |
|--|--------------------------|--|--|

|  |   |   |         |
|--|---|---|---------|
| DATE REC'D BY LOCAL REG. <b>SEP 1 1953</b> | REGISTRAR'S SIGNATURE <b>Chyde A. Bridges</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>ROBERTSONS, WEST PLAINS, MISSOURI</b> | ADDRESS |
|--|---|---|---------|

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

2000

**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 *D. D. Roberts*

Licensed Embalmer No. *3487*

P. O. Address *West Haven Ct*

**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.