

FILED OCT 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30479

4450

|                                                                                                                                                                                                                                 |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                               |                                |                                                                                                                                      |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| BIRTH NO.                                                                                                                                                                                                                       |                           | REG. DIST. NO. 149                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | PRIMARY REG. DIST. NO. 1002                                                                                                   |                                | Registrar's No.                                                                                                                      |  |
| 1. PLACE OF DEATH<br>a. COUNTY JACSON                                                                                                                                                                                           |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE MISSOURI b. COUNTY JACKSON |                                |                                                                                                                                      |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>KANSAS CITY                                                                                                                                             |                           | c. LENGTH OF STAY (in this place)<br>7 YEARS                                                                                                                                                                                                                                                                                                                                                                                                      |                                 | c. CITY OR TOWN KANSAS CITY                                                                                                   |                                | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL                                                                                                                                                                       |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | STREET ADDRESS (If rural, give location)<br>4709 BENTON BLVD.                                                                 |                                |                                                                                                                                      |  |
| 3. NAME OF DECEASED<br>(Type or Print)                                                                                                                                                                                          |                           | a. (First) BYRON                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | b. (Middle) FRANKLIN                                                                                                          |                                | c. (Last) BATCHELDER                                                                                                                 |  |
| 4. DATE OF DEATH                                                                                                                                                                                                                |                           | (Month) (Day) (Year)                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | SEPTEMBER 19 1954                                                                                                             |                                |                                                                                                                                      |  |
| 5. SEX<br>MALE                                                                                                                                                                                                                  | 6. COLOR OR RACE<br>WHITE | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br>MARRIED                                                                                                                                                                                                                                                                                                                                                                                 | 8. DATE OF BIRTH<br>OCT-15-1866 | 9. AGE (In years last birthday)<br>87                                                                                         | IF UNDER 1 YEAR<br>Months Days | IF UNDER 24 HRS.<br>Hours Min.                                                                                                       |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>RETIRED 20 YRS. GOVT. EMPLOYEE POST OFFICE                                                                                       |                           | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 11. BIRTHPLACE (City and State or Foreign Country)<br>TAMA, IOWA                                                              |                                | 12. CITIZEN OF WHAT COUNTRY?<br>U.S.A.                                                                                               |  |
| 13a. FATHER'S NAME<br>UNKNOWN                                                                                                                                                                                                   |                           | 13b. MOTHER'S MAIDEN NAME<br>UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | 14. NAME OF HUSBAND OR WIFE<br>MRS. ELLEN BATCHELDER                                                                          |                                |                                                                                                                                      |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br>NO                                                                                                                                                         |                           | 16. SOCIAL SECURITY NO.<br>NONE                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 17. INFORMANT'S SIGNATURE OR NAME<br>MRS. ELLEN ELIZABETH BATCHELDER                                                          |                                | ADDRESS<br>4709 BENTON AVE. MO.                                                                                                      |  |
| 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, asphyxia, etc. It means the disease, injury, or complication which caused death. |                           | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion<br><br>ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) Hypertension & coronary sclerosis<br>DUE TO (c)<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>36 hours<br><br>4201                                                                             |  |
| 19a. DATE OF OPERATION                                                                                                                                                                                                          |                           | 19b. MAJOR FINDINGS OF OPERATION                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                                                               |                                | 20. AUTOPSY?<br>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 1952, 19, to Sept. 19, 1954, that I last saw the deceased alive on Sept. 18, 1954, and that death occurred at 8:20 A.M., from the causes and on the date stated above.   |                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                                                               |                                |                                                                                                                                      |  |
| 23a. SIGNATURE<br>R. S. Long                                                                                                                                                                                                    |                           | (Degree or title)<br>M.D.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 23b. ADDRESS<br>4800 East 24th Street                                                                                         |                                | 23c. DATE SIGNED<br>Sept. 20, 1954                                                                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br>BURIAL                                                                                                                                                                             |                           | 24b. DATE<br>SEPT. 22, 1954                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 24c. NAME OF CEMETERY OR CREMATORY<br>MEMORIAL PARK CEM.                                                                      |                                | 24d. LOCATION (City, town, or county) (State)<br>KANSAS CITY MISSOURI                                                                |  |
| DATE REC'D BY LOCAL REG.<br>9-20-54                                                                                                                                                                                             |                           | REGISTRAR'S SIGNATURE<br>Neva Minshall                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 25. FUNERAL DIRECTOR'S SIGNATURE<br>A. H. Newcomer                                                                            |                                | ADDRESS<br>1331 BRUSH CREEK KANSAS CITY, MO.                                                                                         |  |

(Licensed Embalmer's Statement on Reverse Side)

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

OCT 20 1957

### 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.....  
Signature of Student Embalmer

Signed Basil Honey

Licensed Embalmer No. 47

P. O. Address N.C.,

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.