

39953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 62BIRTH NO. _____ REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6244

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union</u>		c. CITY OR TOWN <u>Rural-Union</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>Life</u>		e. STREET ADDRESS (If rural, give location) <u>1100</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>John</u>	b. (Middle) <u>Augustus</u>	c. (Last) <u>Battreal</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>Nov</u> <u>21</u> <u>1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-28-1879</u>	9. AGE (In years last birthday)	<u>75</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>23</u>	IF UNDER 4 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Washer Operator, ret</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tiff Mines</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Washington County, Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Battreal</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Louise LaChance</u>	14. NAME OF HUSBAND OR WIFE <u>Rose Ann Battreal</u>
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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>494-01-5655</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leo Battreal</u>	ADDRESS <u>Cadet RT1 Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Myocarditis</u>		
	ANTECEDENT CAUSES <u>Arterio Sclerosis</u> DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4-22-1</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1/1, 1952 to 11/21, 1954, that I last saw the deceased alive on 11/20, 1954 and that death occurred at 2:15P m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. S. Crewell M.D.</u>	23b. ADDRESS <u>Potosi, Mo.</u>	23c. DATE SIGNED <u>11/20/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>11-24-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Old Mines, Mo</u>
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DATE REC'D BY LOCAL REG. <u>11/24/54</u>	REGISTRAR'S SIGNATURE <u>Arthur W. Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur W. Smith</u>	ADDRESS <u>Potosi, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

FILED DEC 2 1954

DEC 2 1954

8 052

RECEIVED

NOV 30 1954

WASH. COUNTY HEALTH DEPT.
File No. _____

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 *Mary M. Smith* _____

Licensed Embalmer No. *4395*

P. O. Address *Patasi, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.