

FILED APR 2 - 1956

STANDARD CERTIFICATE OF DEATH

8702
State File No.

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 302

1. PLACE OF DEATH
a. COUNTY Greene 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY Greene

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield c. LENGTH OF STAY (in this place) 30 years c. CITY OR TOWN Springfield d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2045 N. Robberson Avenue e. STREET ADDRESS (If rural, give location) 2045 N. Robberson Avenue 0396

3. NAME OF DECEASED a. (First) ARTHUR b. (Middle) MILFORD c. (Last) BATEHAM 4. DATE OF DEATH (Month) (Day) (Year) March 28, 1956

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH 8 March 1881 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Merchant 10b. KIND OF BUSINESS OR INDUSTRY Grocery 11. BIRTHPLACE (City and State or Foreign Country) Joplin, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Byron Bateham 13b. MOTHER'S MAIDEN NAME Saphrona Bell 14. NAME OF HUSBAND OR WIFE Rhoda Ruth Bateham

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | None 16. SOCIAL SECURITY NO. 497-24-6324 17. INFORMANT'S SIGNATURE OR NAME Rhoda Ruth Bateham ADDRESS 2045 N. Robberson, Springfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary embolism
INTERVAL BETWEEN ONSET AND DEATH 2 hours
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES DUE TO (b) Decompensating heart 3 years
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c) _____
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 NO 4201

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR _____

22. I hereby certify that I attended the deceased from March 26, 1956, to March 28, 1956, that I last saw the deceased alive on March 28, 1956, and that death occurred at 8:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) C E Zeller MD 23b. ADDRESS 609 Cherry, Springfield, Mo. 23c. DATE SIGNED 3-28-56

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 29 March 1956 24c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery 24d. LOCATION (City, town, or county) (State) Springfield, Missouri.

DATE REC'D BY LOCAL REG. 3-29-56 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James Don Springfield, Mo.

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

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... *Lee Mason*

Licensed Embalmer No. 4568
Springfield,
P. O. Address Missouri.

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.