

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13638

State File No.

BIRTH NO.		REG. DIST. NO. <u>154</u>		PRIMARY REG. DIST. NO. <u>5575</u>		Registrar's No. <u>30</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits write RURAL and give town) <u>RURAL WASHINGTON</u> c. LENGTH OF STAY (in this place) <u>2 MONTHS</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CURTIS CONValescent HOME</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>805 CYPRESS STREET</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELIZABETH</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>BATCHELDER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 25 1956</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOV. 29 1968</u>		9. AGE (In years last birthday) <u>87</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>NEW JERSEY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>JOSEPH OWEN BATCHELDER</u>		13b. MOTHER'S MAIDEN NAME <u>EMILY LANE</u>	
14. NAME OF HUSBAND OF DECEASED <u>BYRON FRANKLIN BATCHELDER</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. CLARENCE E. GRAY</u>	
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.		19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized Arteriosclerosis</u> DUE TO (c) <u>Arteriosclerotic Heart Disease, decompensated</u>		20. INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>		21. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>MAY 3 1956</u> to <u>April 25 1956</u> , that I last saw the deceased alive on <u>April 25 1956</u> , and that death occurred at <u>5:35 P. m.</u> , from the causes and on the date stated above.		23a. SIGNATURE <u>William A. Kells M.D.</u>		23b. ADDRESS <u>Grandview Mo.</u>		23c. DATE SIGNED <u>4/26/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR 27 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
25. DATE REC'D BY LOCAL REG. <u>4-26-56</u>		26. REGISTRAR'S SIGNATURE <u>William A. Kells</u>		27. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMB'S Sons</u>		28. ADDRESS <u>1321 BRUSH CROSS BLVD K.C., MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 4 1953

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 *Richard L. Rogers*

Licensed Embalmer No. 49

P. O. Address *J.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.