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FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14114

BIRTH NO. 25765-56 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 5837 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>LAWRENCE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Benton Twp.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AURORA</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>520 North Elliott St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>US Army Hospital Ft Crowder MO</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenda</u> b. (Middle) <u>Louise</u> c. (Last) <u>Batson</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15 56</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>Cau</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	
8. DATE OF BIRTH <u>April 15 56</u>		9. AGE (In years last birthday) <u>40</u>		10. IF UNDER 1 YEAR Months <u>0</u> Days <u>5</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Fort Crowder, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Glenn H Batson</u>		13b. MOTHER'S MAIDEN NAME <u>Ballard</u>		14. NAME OF HUSBAND OR WIFE	
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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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>CWO Clarence Smith</u>	
				ADDRESS	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 min.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Anencephalic</u> 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. <u>Prematurity</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>750X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 11:05 15 A.M., 1956, to 11:45 15 A.M., 1956, that I last saw the deceased alive on 11:05 15 A.M., 1956, and that death occurred at 11:45 A.M., from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <u>Peter J. Padina, Capt. U.S.A.</u>		23b. ADDRESS <u>Fort Crowder, Missouri</u>		23c. DATE SIGNED <u>15 Apr. 56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>April 16-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CARNEY CEMETERY</u>	
				24d. LOCATION (City, town, or county) (State) <u>CAPE FAIR, MISSOURI</u>	

DATE REC'D BY LOCAL REG. <u>4-23-56</u>		REGISTRAR'S SIGNATURE <u>Merlin C. Bowman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	
				ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED
District Health Officer No. Newton
District File Number 45-6-61
Date Filed APR 25 1958

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 _____
was not embalmed Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed Oliver L. Marsh
Licensed Embalmer No. 7812
P. O. Address Sumner, 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 this body is not embalmed, fact should be so stated above.