

# THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

23495

State File No. \_\_\_\_\_

FILED JUL 30 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 5511 Registrar's No. 227

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Walsh</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Field Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Walsh</u>	
c. LENGTH OF STAY (In this place) <u>4 mo</u>		d. STREET ADDRESS (If rural, give location) <u>1054</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>EDWIN</u>	b. (Middle) <u>DEWITT</u>	c. (Last) <u>BATTS</u>
4. DATE OF DEATH	(Month) (Day) (Year) <u>7-23-56</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept 20-1868</u>
9. AGE (In years last birthday)	10. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (State or foreign country) <u>Eliza, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Victor Batts</u>	13b. MOTHER'S MAIDEN NAME <u>Un Known</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>NO</u>	17. INFORMANT'S SIGNATURE OR NAME <u>None</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>10 years</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4200</u>	20. AUTOPSY? 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)	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 <u>July 22, 1956</u> , to <u>July 23, 1956</u> , that I last saw the deceased alive on <u>July 22, 1956</u> , and that death occurred at <u>6:45</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W.D. Beachaw</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Clinton, Mo.</u>	23c. DATE SIGNED <u>7-23-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>7-26-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Appleton City</u>	24d. LOCATION (City, town, or county) (State) <u>Appleton City Mo.</u>
DATE REC'D BY LOCAL REG. <u>7-23-56</u>	REGISTRAR'S SIGNATURE <u>Michael Bigum</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Oscar Eckhoff</u>	
ADDRESS <u>Appleton City Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 .....  
Student Embalmer

Signed

*Dean E. Colloff*

Licensed Embalmer No.

*3942*

P. O. Address

*Cypress City*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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