

FILED OCT 1 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30532

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>30257</u>		Registrar's No. <u>44</u>			
1. PLACE OF DEATH a. COUNTY <u>Howell</u> <u>0461</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u> <u>0770</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>West Plains Mo</u>		c. LENGTH OF STAY (In this place) <u>3 1/2 hrs</u>		c. CITY OR TOWN <u>Jecumsch</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stall Hospital</u>				e. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED a. (First) <u>Bobbie</u>			b. (Middle) <u>Gene</u>		c. (Last) <u>Batesel</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9-7-56</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>8-13-1932</u>		9. AGE (In years last birthday) <u>24</u> 0 <u>24</u> Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shovel Operation</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Mining</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Decomo Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		
13a. FATHER'S NAME <u>L. J. Batesel</u>			13b. MOTHER'S MAIDEN NAME <u>Ellab. Ehrhart</u>		14. NAME OF HUSBAND OR WIFE <u>Emma Lou Batesel</u>				
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. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Emma Lou Batesel Jecumsch Mo</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.				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Irreversible Shock</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Accidental crushing</u>				DUE TO (c) <u>Injuries</u> <u>4 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				9102					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>046</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>iron mine</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West Plains Howell Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 7 '56 9:00</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Mine - cave-in</u>					
22. I hereby certify that I attended the deceased from <u>9-7, 1956</u> to <u>9-7, 1956</u> that I last saw the deceased alive on <u>9-7, 1956</u> , and that death occurred at <u>1:30 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>J. J. Stall M.D.</u> (Degree or title)				23b. ADDRESS <u>West Plains Mo</u>		23c. DATE SIGNED <u>9/14/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>2</u>		24b. DATE <u>9-9-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Clear Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Ozark County Mo</u>			
DATE REC'D BY LOCAL REG. <u>9-26-56</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robertson West Plains Mo</u>					

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

379

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 *W. Robertson*

Licensed Embalmer No. *343*

P. O. Address *West Plains*

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.