

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30582**
389.3

FILED SEP 27 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson 3418	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 0		c. LENGTH OF STAY (In this place) 3 yrs.	c. CITY OR TOWN Kansas City d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital # 2		e. STREET ADDRESS (If rural, give location) 2511 Forest	

3. NAME OF DECEASED (Type or Print) Wife Julie		a. (First)	b. (Middle)	c. (Last) Batt	4. DATE OF DEATH (Month) (Day) (Year) 8-28-56	
5. SEX Female 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 1		8. DATE OF BIRTH June 20, 1857	9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday Months Days Hours Min. 77 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Texas		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND/OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Bessie Davis ADDRESS 2511 Forest	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction of rt lower lobe		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Tr. by fall with fracture of rt. femur Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (fell at home)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Bilateral hydrothorax:		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1 2 3		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE - HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-28-56 m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell at home (in mo)	

22. I hereby certify that I attended the deceased from **7-28-56** to **8-28-56**, that I last saw the deceased alive on **8-28-56**, and that death occurred at **8:30P** m., from the causes and on the date stated above.

23a. SIGNATURE (Deceased or title) p W. R. Peterson M.D.		23b. ADDRESS 600 E. 22nd St.		23c. DATE SIGNED 9-3-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/5/56		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	
24d. LOCATION (City, town, or county) (State) Kans. City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Watkins Bros. Ph. Hm. 18th & Denton			
DATE REC'D BY LOCAL REG. 9-5-56		REGISTRAR'S SIGNATURE Nevar Marshall			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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 Bruce R. Watkins

Licensed Embalmer No. 4572

P. O. Address 18th + Ber

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.