

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34949**

FILED OCT 22 1956

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **2052** Registrar's No. **375**

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| 1. PLACE OF DEATH a. COUNTY Pettis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis | |
| b. CITY (If outside corporate limits, write RURAL and give town) Sedalia | | c. CITY OR TOWN Sedalia | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (in this place) 68 yrs | | e. STREET ADDRESS (If rural, give location) 422 East 5th 080 50 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Hospital | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) C. c. (Last) BATSON | 4. DATE OF DEATH (Month) (Day) (Year) Oct 12 1956 |
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|----------------------|-------------------------------|---|------------------------------------|---|------------------------|-----------------------|-------|------|
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH Jan 8 1871 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months | IF UNDER 24 HRS. Days | Hours | Min. |
|----------------------|-------------------------------|---|------------------------------------|---|------------------------|-----------------------|-------|------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (City and State or Foreign Country) Swensboro Ky. | 12. CITIZEN OF WHAT COUNTRY? U S A |
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| 13a. FATHER'S NAME Jos. Winter | 13b. MOTHER'S MAIDEN NAME Elizabeth Habig | 14. NAME OF HUSBAND OR WIFE John P. Batson |
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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) no | 16. SOCIAL SECURITY NO. none | 17. INFORMANT'S SIGNATURE OR NAME Dr. O.V. Batson | ADDRESS Philadelphia Pa. |
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| 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. | 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia. | | 48 hours. |
| ANTECEDENT CAUSES | DUE TO (b) Cerebral Hemorrhage-Rt. Hemiplegia. | | 45 days. |
| | DUE TO (c) Cardio-Vascular Disease- | | |
| II. OTHER SIGNIFICANT CONDITIONS | Hypertension | | Over 2 yrs. |
| Conditions contributing to the death but not related to the disease or condition causing death. | Senility. | | Over 5 yrs. |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION Medical only. | 20. AUTOPSY? 443X Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None. | 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) None. | 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 **Over 20 yrs** **Oct. 12th 1956**, that I last saw the deceased alive on **Oct. 12th 1956**, and that death occurred at **2:40 P.M.** from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) Jno. B. Carlisle, M.D. | 23b. ADDRESS 5 Sedalia, Missouri. | 23c. DATE SIGNED 10-15-56 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 10-15-1956 | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park | 24d. LOCATION (City, town, or county) (State) Sedalia Mo |
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| DATE REC'D BY LOCAL REG. 10-15-56 | REGISTRAR'S SIGNATURE Lauria County Deputy | 25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Bros | ADDRESS Sedalia |
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(Licensed Embalmer's Statement on Reverse Side)

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

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1951 2 8 1951

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..... *K.P.M. Leary*

Licensed Embalmer No. *3151*

P. O. Address *Edalia*

**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.**