

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

'57 0 2 3 3 3 9  
State File No. ....

FILED JUL 10 1957

BIRTH NO.		REG. DIST. NO. <u>366</u>		PRIMARY REG. DIST. NO. <u>6244</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>Washington</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Union township</u>		c. LENGTH OF STAY (If this place) <u>Life</u>		c. CITY OR TOWN <u>Cadet</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rt. 1, Cadet</u>				e. STREET ADDRESS (If rural, give location) <u>Cadet, Mo. RR # 1; 4 mi. W.</u>			
3. NAME OF DECEASED (Type or Print) <u>Albert</u>		a. (First)		b. (Middle)		c. (Last) <u>Battreal</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>June, 30, 1957</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>10-15-1888</u>		9. AGE (In years last birthday) <u>68</u>		if UNDER 1 YEAR Months <u>8</u> Days <u>15</u>		if UNDER 24 HRS. Hours <u>15</u> Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Miner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barite</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Washington Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Battreal</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Portell</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Battreal</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>494-22-8157</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Clara Battreal, Cadet, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* a. <u>asphyxiation due to being caught in flood</u> b. <u>water (drowned)</u> c. <u>9340</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" 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>Home</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Union Twp. Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 30 57 11:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Flood washed home away</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>11:30 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. L. Gibson D.C. Conner</u>				23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>7-8-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-8-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Joachims Cemetery Old Mines, Missouri</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>7/9/57</u>		REGISTRAR'S SIGNATURE <u>Helmut Wedel</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Arthur W. Smith Potosi Mo.</u>			

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

Flood of 30 June; body recovered 7 July about 3:30 PM 7 mi from s

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..

*W Embalm*  
*C. H. Boyer*

Student .....  
Signature of Student Embalmer

Signed .....

Licensed Embalmer No. *4158*

P. O. Address *Potosi 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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

*12/1/17*