

STANDARD CERTIFICATE OF DEATH

State File No. 27894

BIRTH NO.		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY Dunklin Co.				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Dunklin			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kennett		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Kennett		d. Is 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 Res.				e. STREET ADDRESS (If rural, give location) Russell St. 2350			
3. NAME OF DECEASED (Type or Print) a. (First) Lola		b. (Middle)		c. (Last) Bateman		4. DATE OF DEATH (Month) (Day) (Year) July 7, 1957	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 17, 1888	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Ky.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Thomas Tharp			13b. MOTHER'S MAIDEN NAME (unknown)			14. NAME OF HUSBAND OR WIFE L.C. Bateman	
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 ADDRESS L.C. Bateman Kennett, Mo.			
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.		18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Carcinoma of Breast</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 170X				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) m.		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 July 1, 1957, to July 7, 1957, that I last saw the deceased alive on July 7, 1957, and that death occurred at 9 a. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Charles H. Hunsicker M.D.</i>				23b. ADDRESS Kennett, Mo.		23c. DATE SIGNED 8/24/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 8-57		24c. NAME OF CEMETERY OR CREMATORY Stanfill		24d. LOCATION (City, town, or county) Holcomb Mo.	
DATE REC'D BY LOCAL REG. 8-30-57		REGISTRAR'S SIGNATURE <i>Carl Husband</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Daniel Funeral Service Senath, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY
DEPARTMENT 9/13/5
COUNTY FILE NUMBER 95

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 *Arthur B. Baird*

Licensed Embalmer No. 4888

P. O. Address *Stematt, M*

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.