

Health,  
Welfare  
Public  
Service

FILED SEP 16 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31695  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3898

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>KANSAS</b> b. COUNTY <b>JOHNSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>BUCYRUS</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>RESEARCH HOSP.</b>		d. STREET ADDRESS <b>Bucyrus, Kansas</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>EDWIN T. BATTON</b>		4. DATE OF DEATH Month Day Year <b>August 20, 1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2-11-1900</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Meat Whole Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Self</b>	11. BIRTHPLACE (City and state or country) <b>Iowa</b>
13a. FATHER'S NAME <b>Dan Batton</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Thomas</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Batton</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>490-24 2616</b>	17. INFORMANT Address <b>Dorothy Batton Bucyrus, Kansas</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arterio-sclerosis (Regulation)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 years</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<b>4211</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>4-19-55</b> to <b>8-20-57</b> and last saw her <sup>him</sup> live on <b>8-20-57</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Martin J. Mueller M.D.</b>		22b. ADDRESS <b>535 Anglee Bldg KCMO</b>	
		22c. DATE SIGNED <b>8-20-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>		23b. DATE <b>8-22-1957</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>D. W. N.</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri.</b>	
24. FUNERAL DIRECTOR <b>Stine &amp; McClure</b>		25. DATE RECD. BY LOCAL REG. <b>8-20-57</b>	
ADDRESS <b>K. C. Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Ilova Marshall</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.  
Martin J. Mueller

Mr. Eckman  
Mr. Mueller ✓  
No. 2, 82227  
5-35-Orange



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 Elms D. Triplett

Licensed Embalmer No. 4817

P. O. Address Kansas City, 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.