

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26789-58

58-015515
STATE FILE NUMBER

FILED APR 23 1958

Registration District No. **318** Primary Registration District No. **1003** Registrar's **4152**

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Crystal City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Johns Hospital				Length of stay in lb 5 days		d. STREET ADDRESS 219 Broadway (If outside, give location)	
3. NAME OF DECEASED (Type or print) First John Middle Michael Last Batchelor				4. DATE OF DEATH Month April Day 14 Year 1958			
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH April 9, 1958	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None				10b. KIND OF BUSINESS OR INDUSTRY -----		9. AGE (In years last birthday) 0 IF UNDER 1 YEAR: Months 0 Days 3 Hours 0 Min. 0 IF UNDER 24 HRS. 0	
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME John F. Batchelor				14. MOTHER'S MAIDEN NAME Jo Ann Banas			
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 Address City John F. Batchelor, 219 Broadway, Crystal	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary atelectasis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Prematurity 2010g DUE TO (c) Sepsis? 762.5 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							INTERVAL BETWEEN ONSET AND DEATH 48h Life 24h
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2			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 WORK <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 4-9-58 to 4-14-58 and last saw him alive on 4-14-58 . Death occurred at 3:45 P m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Thomas Hugh M.D. 0				22b. ADDRESS 630 N. Lind		22c. DATE SIGNED 4-15-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE April 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Methodist		23d. LOCATION (City, town, or county) (State) Festus, Missouri		
24. FUNERAL DIRECTOR ADDRESS Vinyard Fun'l Homes, Inc., Festus, Mo.			25. DATE RECD. BY LOCAL REG. APR 16 58		26. REGISTRAR'S SIGNATURE Carl Smith Mo m 8 B		

Health, Welfare, Public Service
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All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. ATTENTION: Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Reith B. Vinson

Licensed Embalmer No. 49

P. O. Address Festus

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.