

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-016986

STATE FILE NUMBER

FILED APR 21 1958

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 60

Health,
Welfare
Public
Service

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Saline</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Saline</i>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Marshall</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Marshall</i> ⁰⁹⁷² / ₇₀		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Fitzgibbon Hosp.</i>			Length of stay in lb	d. STREET ADDRESS <i>309 N. Benton</i>			(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>FRIENDO NONE BATYE</i>				4. DATE OF DEATH Month <i>April</i> Day <i>12</i> Year <i>1958</i>				
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Feb. 21, 1926</i>		9. AGE (In years last birthday) <i>32</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>		10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) <i>Atchison Kans.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>Louis Batye</i>				14. MOTHER'S MAIDEN NAME <i>Ruth Iona Johnson</i>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>500-20-0633</i>		17. INFORMANT Address <i>Mrs Ruth Iona Batye Marshall, Mo</i>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Coronary occlusion</i>							INTERVAL BETWEEN ONSET AND DEATH <i>instant</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)		DUE TO (c)		4201		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Congestive Central Spontaneity</i>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a. m. _____ p. m. Month, Day, Year _____								
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 <i>1953</i> to <i>4/12/58</i> and last saw ^{with} him alive on <i>7/12/58</i> Death occurred at <i>4:25</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <i>Harwin E. Roehrs, M.D.</i>				22b. ADDRESS <i>Marshall, Mo.</i>		22c. DATE SIGNED <i>4/14/58</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>4-14-1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Miami Cem.</i>		23d. LOCATION (City, town, or county) <i>Miami</i>		(State) <i>MO</i>		
24. FUNERAL DIRECTOR <i>Harry Hershberger</i>			ADDRESS <i>Marshall, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>4-14-58</i>	26. REGISTRAR'S SIGNATURE <i>Ceal J. Read</i>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Licensed Embalmer No. 45
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.