

STANDARD CERTIFICATE OF DEATH

58-026043

STATE FILE NUMBER

FILED AUG 13 1958

Registration District No. 160

Primary Registration District No. 5592

Registrar's No. 114

S. 300
1-57

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JEFF	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL JOACHIM		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN CRYSTAL CITY ⁰⁵⁰¹ ₀
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JEFF. CO. HOSP.		Length of stay in 1b 32 DAYS	d. STREET ADDRESS (If outside, give location) 206 8th STREET
3. NAME OF DECEASED (Type or print) First GERTRUDE Middle M. Last BATTREAL			4. DATE OF DEATH Month 7 Day 31 Year 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-17-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and state or country) OLD MINES, MO.
13a. FATHER'S NAME ROLLA BOYER		13b. MOTHER'S MAIDEN NAME UNK. BOYER	14. NAME OF HUSBAND OR WIFE STEPHEN T.
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.	17. INFORMANT Address STEPHEN T. BATTREAL CRYSTAL CITY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute fulminating peritonitis			INTERVAL BETWEEN ONSET AND DEATH 3 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Subacute ulcerative colitis			6 wks
DUE TO (c) Acute enterocolitis			5722 8 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic gouty arthritis			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 Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Mar 29 1957 to July 31, 1958 and last saw her alive on July 31, 1958 Death occurred at 2:00 P. on the date stated above; and to the best of my knowledge from the causes stated.			
22a. SIGNATURE F. L. Kozal, M.D. (Degree or title)		22b. ADDRESS Crystal City, Mo.	22c. DATE SIGNED 8-1-58
23a. BURIAL, CREMATION, REBURYAL (Specify) BURIAL	23b. DATE 8-4-58	23c. NAME OF CEMETERY OR CREMATORY Catholic cemetery	23d. LOCATION (City, town, or county) (State) CRYSTAL CITY, MO.
24. FUNERAL DIRECTOR GENTRY R. POLITTE CRYSTAL CITY, MO. ADDRESS		25. DATE RECD. BY LOCAL REG 8-2-58	26. REGISTRAR'S SIGNATURE James G. Ferguson

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

84 1958

MOOREFIELD
DATE RECEIVED

MISSOURI DEPARTMENT OF HEALTH

AUG 12 1958

82-10-1

JEFFERSON

HILLSBORO

82

82-10-1

MISSOURI DEPARTMENT OF HEALTH

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MISSOURI DEPARTMENT OF HEALTH

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MISSOURI

DEPARTMENT OF HEALTH

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 *Paul R. Politt*

Licensed Embalmer No. *3481*
P. O. Address *Crystal City*

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.