

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036257

STATE FILE NUMBER

FILED NOV 14 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

4970

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Mission Hills 8150	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital		d. STREET ADDRESS 5630 High Drive	
3. NAME OF DECEASED (Type or print) First Daisy (Day) Middle nnn Last Batchler		4. DATE OF DEATH Month October Day 21 Year 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH unknown
9. AGE (In years last birthday) approx. 55 years		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	
11. BIRTHPLACE (City and state or country) Winfield, Kansas		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Dr. A. H. Cordier		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Jack L. Batchler		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 Jack L. Batchler Address 5630 High Drive	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction			INTERVAL BETWEEN ONSET AND DEATH 32 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
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 ☐ NO ☒ 2
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		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 ☐ NOT WHILE AT WORK ☐		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 20 Oct 1958 to 21 Oct 1958 and last saw her alive on 21 Oct 1958 Death occurred at Four - p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Blaine Z. Hibbard MD		22b. ADDRESS 411 Nichols Rd KCMO	
22c. DATE SIGNED 22 Oct 1958			
23a. BURIAL, CREMATION, REMOVAL (Specify) Crementation		23b. DATE 10-23-1958	
23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomer's Sons		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR Stine & McClure Undertaking Co. KC, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-58	
26. REGISTRAR'S SIGNATURE Irene Marshall			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

Blaine Z. Hibbard



309 H. H. Co. Inc.
March 10 30 PM - 3 P.M.

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

William M. Turner

Licensed Embalmer No. *4648*

P. O. Address *St. Louis 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.