Health, Welfare Public Service
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002530
STATE FILE NUMBER

FILED FEB 10 1959 Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY Ray	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Township — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Richmond 0890 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ray Co. Hospital — Length of stay in 1b 20 Min.	d. STREET ADDRESS (If outside, give location) R.F.D. — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First: Jo	Middle: Beth	Last: Bathgate
4. DATE OF DEATH	Month: Jan.	Day: 9	Year: 1959
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: Jan. 9/1959
9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min. 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant	10b. KIND OF BUSINESS OR INDUSTRY: none	11. BIRTHPLACE (City and state or country): Richmond, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Robert Donald Bathgate	13b. MOTHER'S MAIDEN NAME: Vera Lee Misler	14. NAME OF HUSBAND OR WIFE: never married	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT: Robert D. Bathgate — Address: Richmond, Mo.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Respiratory death

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Obstruction?

DUE TO (c) Autopsy has been done results not back

INTERVAL BETWEEN ONSET AND DEATH: -20 min from birth

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Mother Rh neg.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

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 a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ 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 birth to, to death and last saw her/him alive on 1-9-59

Death occurred at 2:42 p m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. Davault	22b. ADDRESS: Richmond Mo.	22c. DATE SIGNED: 1-26-59
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial	23b. DATE: 1/11/1959	23c. NAME OF CEMETERY OR CREMATORY: Richmond Memory Garden
23d. LOCATION (City, town, or county) (State): Richmond, Missouri		
24. FUNERAL DIRECTOR ADDRESS: Quest-Lile Funeral Home Richmond, Missouri	25. DATE RECD. BY LOCAL REG.: 2-3-1959	26. REGISTRAR'S SIGNATURE: Mabel Jackson

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Jel. 3

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 Morris D. Bailey

Licensed Embalmer No. 4887

P. O. Address Richmond, Me

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.