

DED

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) KANSAS CITY			Length of stay in 1b 4 yrs.		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4421 MAIN STREET				d. STREET ADDRESS (If outside, give location) 4063 WARWICK BLVD.		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jimmie Middle Gerald Last Battagler				4. DATE OF DEATH Month Aug. Day 25 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH OCT 22, 1934	9. AGE (last birthday) 24 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ACCOUNTANT		
11. BIRTHPLACE (City and state or country) ORRICK MO.			12. CITIZEN OF WHAT COUNTRY USA				
13a. FATHER'S NAME HEMEL C. BATTAGLER			13b. MOTHER'S MAIDEN NAME LOUISE HILL			14. NAME OF HUSBAND OR WIFE ANNMARIE BATTAGLER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES AFTER KOREA			16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address REMMEL C. BATTAGLER 3835 MAIN.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1 Bullet Wound Head Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.) DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in Head of parent's self inflicted after shooting wife					
20c. TIME OF INJURY Hour 12:55 Month, Day, Year 5-59 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) Apartment Kansas City Jackson MO	20f. CITY, TOWN, OR LOCATION KANSAS CITY JACKSON MO				
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Heather H. Owens				22b. ADDRESS 1034 Riatta Bldg		22c. DATE SIGNED 8-26-59	
23a. DATE AUG 28, 1959		23b. NAME OF CEMETERY OR CREMATORY SOUTH POINT CEM		23c. LOCATION (city, town, or county) ORRICK MO.		23d. (State)	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS				25. DATE RECD. BY LOCAL REG. 8-27-59		26. REGISTRAR'S SIGNATURE neva munsell	

DOCUMENT

MEDICAL CERTIFICATION

HUGH H. OWENS

BY AFFIDAVIT OF

SEP 18 1959

APR 26 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Vern Lawler

Licensed Embalmer No. 4915

P. O. Address K.C. Mo.

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