URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59–035693
STATE FILE NUMBER

FILED VS OCT 20 1959

Registration District No. 107 Primary Registration District No. 2019 Registrar's No. 192

AMENDED

1. PLACE OF DEATH
a. COUNTY Dunklin
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kennett
Length of stay in 1b 2 wks.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Presnell Hosp.
Inside Limits Yes # No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Dunklin
c. CITY OR TOWN Senath
Inside Limits Yes # No ☐
d. STREET ADDRESS (If outside, give location) Box 384
Reside on Farm Yes ☐ No #

3. NAME OF DECEASED (Type or print) First Floyd Middle Roy Last Batchelor
4. DATE OF DEATH Month Oct. Day 13, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 3/20/1890
9. AGE (last birthday) 69
IF UNDER 1 YEAR Months 6 Days 23
IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Bloomfield Mo.
12. CITIZEN OF WHAT COUNTRY U.S.
13a. FATHER'S NAME Andrew Jackson Batchelor
13b. MOTHER'S MAIDEN NAME Hanner Jane Chasteen
14. NAME OF HUSBAND OR WIFE Lula Batchelor
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. 498-10-1238
17. INFORMANT Address Doyle Batchelor, Senath, 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) Myocardial heart disease
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. ☐ Yes ☐ No ☐ Unknown

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 9-30-59, to 10-13-59 and last saw her/him alive on 10-13-59
Death occurred at 3:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H C Wilson (Degree or title) M.D
22b. ADDRESS Kennett Mo.
22c. DATE SIGNED 10-13-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10/15/1959
23c. NAME OF CEMETERY OR CREMATORY Senath
23d. LOCATION (City, town, or county) Senath (State) Missouri

24. FUNERAL DIRECTOR McDaniel Funeral Service, Senath Mo.
ADDRESS
25. DATE RECD. BY LOCAL REG. 10-15-1959
26. REGISTRAR'S SIGNATURE Earl Hutchens

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

VS OCT 26 1959

DEC 4 1959

**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_____ Signed O. L. Isbell
Signature of Student Embalmer

Licensed Embalmer No. 4970

P. O. Address Senath, M

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