

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-039779**

**FILED VS. NOV 23 1959**

Registration District No. 137

Primary Registration District No. 3023

Registrar's No. 288

STATE FILE NUMBER

MEMENDED

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>                    |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Clinton</u>  |   | Length of stay in 1b<br><u>2.3 days</u>   | c. CITY OR TOWN <u>Clinton</u><br>Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Wetzel Osteopathic Hosp.</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><u>RFD. #5</u><br>Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>             |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <u>William</u> Middle <u>Batschelett</u> Last <u>Batschelett</u>   |   |   | 4. DATE OF DEATH<br>Month <u>Nov.</u> Day <u>18</u> Year <u>1959</u>   |
| 5. SEX<br><u>Male</u>  | 6. COLOR OR RACE<br><u>White</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Apr. 19, 1880</u>   |
| 9. AGE (last birthday)<br><u>79</u>  |   | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>29</u>   | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Farmer</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Near Montrose, Mo.</u>  | 11. BIRTHPLACE (City and state or country)<br><u>USA</u>   |
| 12. CITIZEN OF WHAT COUNTRY<br><u>USA</u>  |   | 13a. FATHER'S NAME<br><u>Fredrick Batschelett</u>   |  |
| 13b. MOTHER'S MAIDEN NAME<br><u>Anna Pfiester</u>  |   | 14. NAME OF HUSBAND OR WIFE<br><u>Elizabeth Batschelett</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |   | 16. SOCIAL SECURITY NO.<br><u>490-42-9759</u>   | 17. INFORMANT<br>Address <u>RFD. #5,</u><br><u>Elizabeth Batschelett, Clinton, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Myocardial Insufficiency</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>24 hrs.</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>Generalized Debilitation</u>   |   |   | <u>weeks</u>   |
| DUE TO (c) <u>Lymphocytic Leukemia</u>   |   |   | <u>Unknown</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>Pneumonia</u>  |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u>  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 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 <u>10/26/59</u> to <u>11/18/59</u> and last saw <sup>him</sup> <u>her</u> alive on <u>11/18/59</u><br>Death occurred at <u>2:26</u> <u>a</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Clinton L. Sleepy, D.O.</u>   |   | 22b. ADDRESS<br><u>Clinton Mo.</u>  | 22c. DATE SIGNED<br><u>Nov 18 59</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>Nov. 20, 1959</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Englewood Cemetery</u>   | 23d. LOCATION (City, town, or county)<br><u>Clinton, Missouri</u><br>(State)   |
| 24. FUNERAL DIRECTOR<br><u>H.A. Tansant, Clinton, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>Nov 17 - 1959</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

JAN 4 1960

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 N. A. Vansant

Licensed Embalmer No. 3779

P. O. Address Clinton, 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.