

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000089

FILED VS FEB 4 1960

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 15

STATE FILE NUMBER

IDED

1. PLACE OF DEATH a. COUNTY <u>BARRY</u>				2. USUAL RESIDENCE (Where deceased lived if institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>BARRY</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MONETT</u>		Length of stay in 1b <u>1 mo.</u>		c. CITY OR TOWN <u>MINERAL SPRINGS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ELSIE'S REST HOME</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u></u>			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>ROSELLA</u> Middle <u>-</u> Last <u>BATEMAN</u>				4. DATE OF DEATH Month <u>1</u> Day <u>23</u> Year <u>60</u>					
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>10-6-69</u>	9. AGE (last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u></u> Days <u></u>	IF UNDER 24 HR Hours <u></u> Min. <u></u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state or country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>ERASTUS MORRIS</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA TUCKER</u>			14. NAME OF HUSBAND OR WIFE <u>J.H. BATEMAN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>L.E. BATEMAN - R.F.D. CASSVILLE, MO</u>				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) <u>Acute Circulatory Failure</u>							<u>30 min</u>		
DUE TO (b) <u>Cerebrovascular Accident</u>							<u>4 hrs</u>		
DUE TO (c) <u>Arterial Sclerosis</u>							<u>Indef</u>		
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 checked="" 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 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 Hour <u></u> a.m. <u></u> p.m. <u></u>	Month, Day, Year <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>NOV 23, 1959</u> to <u>Jan 23, 1960</u> and last saw her <u>alive</u> on <u>Jan 23, 1960</u> Death occurred at <u>11:50</u> <u>p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Samuel Purdy</u> (Degree or title) <u>D.O.</u>				22b. ADDRESS <u>Purdy, Mo.</u>			22c. DATE SIGNED <u>1/25/60</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1-26-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>King-Roller Cemetery</u>		23d. LOCATION (City, town, or county) <u>BARRY CO.</u>		(State) <u>Mo.</u>		
24. FUNERAL DIRECTOR <u>Dyle E. Williamson - Cassville</u> ADDRESS <u></u>			25. DATE RECD. BY LOCAL REG. <u>1-28-60</u>		26. REGISTRAR'S SIGNATURE <u>M. P. N. Cook</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 10 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 Doyl E. Williamson

Licensed Embalmer No. 4883

P. O. Address Passville, W

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.