

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016300

STATE FILE NUMBER

AMENDED

Registration District No. 325
FILED MAY 4 1961

Primary Registration District No. 6284

Registrar's No. 13

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Wright				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Wright			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Montgomery		Length of stay in 1b Life		c. CITY OR TOWN Mountain Grove		Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Manes		Inside Limits Yes ☐ No ☒		d. STREET ADDRESS 100 Esat South Street		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First CALVIN Middle A. Last BATY				4. DATE OF DEATH Month April Day 19 Year 1961			
5. SEX Male	6. COLOR OR RACE White	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 10/8/1877	9. AGE (last birthday) 83 Yrs	IF UNDER 1 YEAR Months 0 Days 0		IF UNDER 24 HR Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Cindy Crisp Baty			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs Cindy Baty - Mtn. Grove, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion						INTERVAL BETWEEN ONSET AND DEATH 15 MIN	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Thrombosis, old + new						3 yrs -	
DUE TO (c) Arteriosclerosis						20 yrs.	
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 4:30 a.m. P. Month, Day, Year April 19, 1961		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 4:30 P. to April 19, 1961 and last saw him alive on April 19, 1961 Death occurred at 4:30 P. m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Richard E. Hutchinson Do (Degree or title)				22b. ADDRESS White Grove, Mo		22c. DATE SIGNED 4/21/61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4/22/1961		23c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery		23d. LOCATION (City, town, or county) Wright County, Missouri	
24. FUNERAL DIRECTOR Barber Funeral Home - Mtn. Grove, Mo		ADDRESS		25. DATE RECD. BY LOCAL REG. 4-28-1961		26. REGISTRAR'S SIGNATURE Bonnie J. Jones	

(Licensed Embalmer's Statement on Reverse Side)

JAN 4 1962

1961-82
1041-146

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 George Staff

Licensed Embalmer No. 3161

P. O. Address Mt. Pleasant, 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.