MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-026377
STATE FILE NUMBER

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 21

FILED JUL 24 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
2	0210		
3	0210		
4	1		
5	2		
6			
7	0		
8	2		
9	4344		
10			
11			
12	90-2		
13	2-0		

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SUMNER — Length of stay in 1b: 18 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Chariton
c. CITY OR TOWN: SUMNER — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: STELLA — Middle: Elizabeth — Last: BATYE

4. DATE OF DEATH: Month: July — Day: 19th — Year: 1962

5. SEX: F
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: Sept 5 1881
9. AGE (last birthday): 80
IF UNDER 1 YEAR: Months: 10 — Days: 14 — IF UNDER 24 HR: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (City and state or country): Linn Co Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Perry McCollum
13b. MOTHER'S MAIDEN NAME: Mary Gunter
14. NAME OF HUSBAND OR WIFE: Lawrence E. Batye

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.: ✓
17. INFORMANT: Mrs Floyd Batye — Address: Sumner Mo

MEDICAL CERTIFICATION

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)	Hypostatic pneumonia	14 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Cardiac Decompensation	9 yrs
DUE TO (c)	Advanced age and generalized debility	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Two (2) serious CVAs within the last year

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 November 8/52 to July 19th /62 and last saw her/him alive on 7/19/62
Death occurred at 9:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John W. White, D. O.
22b. ADDRESS: Brookfield, Mo.
22c. DATE SIGNED: 7/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-22-62
23c. NAME OF CEMETERY OR CREMATORY: Lakeside
23d. LOCATION (City, town, or county) (State): Sumner Mo

24. FUNERAL DIRECTOR: S. L. Leipard — ADDRESS: Mendon Mo
25. DATE RECD. BY LOCAL REG.: July 23-1962
26. REGISTRAR'S SIGNATURE: Dowie Smith

(Licensed Embalmer's Statement on Reverse Side)

JUL 31 1962

AUG 2 1962

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 S. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Mendon 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.