

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-032025

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

**DO NOT WRITE ON THIS STUB**

AMENDED

Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 116

FILED SEP 4 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Pike</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Illinois</b> COUNTY <b>Pike</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <del>SWOK</del> <b>Louisiana</b>		Length of stay in 1b <b>4 days</b>	c. CITY OR TOWN <b>Milton</b>	
c. FULL NAME OF (If NOT in hospital, give location) <del>HOSPITAL OR</del> <b>Pike County</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>None</b> (If outside, give location)	
3. NAME OF DECEASED (Type or print) First <b>Bede</b> Middle <b>Bolin</b> Last <b>Batley</b>			4. DATE OF DEATH Month <b>August</b> Day <b>22</b> , Year <b>1962</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-14-92</b>	
9. AGE (last birthday) <b>70</b>	IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	IF UNDER 24 HR Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>own home</b>	11. BIRTHPLACE (City and state or country) <b>Milton, Illinois</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13a. FATHER'S NAME <b>Otis C. Hoover</b>		13b. MOTHER'S MAIDEN NAME <b>Estella Bolin</b>	14. NAME OF HUSBAND OR WIFE <b>Archer Batley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Mrs. Betty Harter, Davenport, Iowa</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Hepatitis (acute infectious)</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				
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 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 _____ a.m. _____ p.m. Month, Day, Year _____	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 <b>August 17, 1962</b> to <b>August 21, 1962</b> and last saw her alive on <b>August 21, 1962</b> Death occurred at <b>12:45 A.M. Aug. 22, 1962</b> on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <i>G. L. Pelgrin</i> (Degree or title)		22b. ADDRESS <b>Louisiana</b>	22c. DATE SIGNED <b>9-22-62</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>8-22-62</b>	23c. NAME OF CEMETERY OR CREMATOR <b>Smith</b>	23d. LOCATION (City, town, or county) (State) <b>Milton, Pike Co. Illinois</b>	
24. FUNERAL DIRECTOR <b>Plattner Funeral Service.</b> <i>Walter M. Plattner</i>		ADDRESS <b>Pittsfi</b>	25. DATE REGD. BY LOCAL REG. <b>Aug 22, 1962</b>	
		26. REGISTRAR'S SIGNATURE <i>Bernice Collier</i>		

USE BLACK INK OR TYPEWRITER RIBBON

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.