

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-020404

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 240

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION  
BY AFFIDAVIT OFUSE BLACK INK  
OR  
TYPEWRITER RIBBON

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                           |                                                                                                                                                             |                                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY Jackson                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE Missouri b. COUNTY Jackson                                |                                                                      |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>TOWN Independence                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | Length of stay in 1b<br>64 yrs.                                                                                                                             | c. CITY OR TOWN Independence                                         |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION Independence Hospital                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                        | d. STREET ADDRESS (If outside, give location)<br>1528 Brookside Ave. |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Andrew Middle R. Last Batliner                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 4. DATE OF DEATH<br>Month May Day 21 Year 1963                                                                                                              |                                                                      |
| 5. SEX<br>Male                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 6. COLOR OR RACE<br>White                                                                                 | 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>10-2-1898                                        |
| 9. AGE (last birthday)<br>64                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                           | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br>Receiving Checker                                             |                                                                      |
| 11. BIRTHPLACE (City and state or country)<br>Kansas City, Mo.                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br>U. S. A.                                                                                                                     |                                                                      |
| 13a. FATHER'S NAME<br>Rochus Batliner                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br>Lena Wirges                                                                                                                    |                                                                      |
| 14. NAME OF HUSBAND OR WIFE<br>Eloise Batliner                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br>yes WW I and WW2                             |                                                                      |
| 16. SOCIAL SECURITY NO.<br>487-09-4258                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                           | 17. INFORMANT<br>Eloise Batliner 1528 Independence Av                                                                                                       |                                                                      |
| 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) Coronary Occlusion<br>DUE TO (b)<br>DUE TO (c)<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br>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 |                                                                                                           |                                                                                                                                                             | INTERVAL BETWEEN ONSET AND DEATH                                     |
| 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 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<br>COUNTY STATE                                                                                                                |                                                                      |
| 21. I attended the deceased from _____, to _____ and last saw her him alive on _____.<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                             |                                                                      |
| 22a. SIGNATURE (Degree or title)<br>Hugh H. Owens Coroner                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                           | 22b. ADDRESS<br>152 Union Station                                                                                                                           |                                                                      |
| 22c. DATE SIGNED<br>5-24-63                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                           | 22d. LOCATION (City, town, or county) (State)<br>Kansas City, Missouri                                                                                      |                                                                      |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br>Burial                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                           | 23b. DATE<br>5-24-1963                                                                                                                                      |                                                                      |
| 23c. NAME OF CEMETERY OR CREMATORY<br>Mt. Olivet                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                           | 23d. LOCATION (City, town, or county)<br>Kansas City, Missouri                                                                                              |                                                                      |
| 24. FUNERAL DIRECTOR<br>Melody-McGilley-Eylar Funeral Home                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 25. DATE RECD. BY LOCAL REG.<br>5-24-63                                                                                                                     |                                                                      |
| 26. REGISTRAR'S SIGNATURE<br>Alba L. Craig                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                           | 27. (Licensed Embalmer's Statement on Reverse Side)                                                                                                         |                                                                      |

5-24-63

JUN 7 1963

JUN 4 1963

JUN 29 1963

2007  
2007

5-24-63

**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. 4641

P. O. Address K.C. 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.