

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 8 - 1955

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLINTON</u>		c. LENGTH OF STAY (in this place) <u>12 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DAVIS TWP</u> <u>8420</u>		d. STREET ADDRESS (If rural, give location) <u>CLINTON</u> <u>R#5</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLINTON GENERAL HOSP</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u> b. (Middle) _____ c. (Last) <u>BATSCHLET</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 29, 1955</u>				
5. SEX <u>TEMPLE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOW</u>		8. DATE OF BIRTH <u>FEB. 3, 1884</u>	
9. AGE (In years last birthday) <u>71</u>		10. MONTHS <u>5</u>		11. DAYS <u>26</u>		12. IF UNDER 18 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE KEEPER</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>HENRY CO. MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>JOHN HENRY</u>			13b. MOTHER'S MAIDEN NAME <u>PAULINE RUDOLPH</u>			14. NAME OF HUSBAND OR WIFE <u>DECEASED</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'S SIGNATURE OR NAME <u>Mrs. Slav Wisdom, Montrose, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crown thrombosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Crown heart disease</u>					<u>1 yr</u>
		DUE TO (c) <u>4201</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Partial stenosis of jejunum</u>					<u>6 months</u>
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION: _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>to</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:20</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>1946</u> , to <u>July 29, 1955</u> , that I last saw the deceased alive on <u>July 29, 1955</u> , and that death occurred at <u>5:06</u> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <u>S. B. Hughes</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Clinton, Mo.</u>		23c. DATE SIGNED <u>7/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>July 31, 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7-29-55</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u> <u>422</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Tansant</u> ADDRESS <u>Clinton, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

AUG 10 1967

NOV 7 1965

NOV 18 1967

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, W. H. Vansant

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. H. Vansant

Licensed Embalmer No. 3779

P. O. Address Calistoga, 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 this body is not embalmed, fact should be so stated above.