

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0001334

STATE FILE NUMBER

Registration District No. 137 Primary Registration District No. 5507 Registrar's No. 27

DO NOT WRITE ON THIS STUB

AMENDED

FILED JAN 23 1967		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, give TOWNSHIP only) OR TOWN <u>Montrose Davistwp.</u>		Length of stay in 1b		c. CITY OR TOWN <u>Montrose,</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rt. #1 At Home</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>Rt. # 1,</u>	
3. NAME OF DECEASED (Type or print) First <u>Bertha</u> Middle <u>-</u> Last <u>Batschelet</u>		4. DATE OF DEATH Month <u>Jan.</u> Day <u>18,</u> Year <u>1967</u>		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>12/3/1886</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (last birthday) <u>80</u>	
13a. FATHER'S NAME <u>Fredrick Batschelet</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Pfister</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Rosa Haye</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>498 50 3815</u>		17. INFORMANT <u>Rt. # 1, Mrs. Rosa Haye</u> Address <u>Montrose, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute myocardial infarction</u>		DUE TO (b) <u>arterial sclerotic heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 mi</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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 type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? 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 Hour <u>8:30 A</u> 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 <u>1965</u> , to <u>death</u> and last saw her <u>alive</u> on <u>Jan 17, 67</u> Death occurred at <u>8:30 A m</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Carroll K. Wetzel</u>		22b. ADDRESS <u>105 E. Ohio, Clinton, Mo.</u>		22c. DATE SIGNED <u>1-19-67</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Jan. 20, 1967</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Englewood Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Clinton, Mo.</u>		24. FUNERAL DIRECTOR <u>Vansant Funeral Home, Clinton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>JAN. 20, 67</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>					

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300 Rev. 4/59
1 <u>0420</u>
2 <u>0420</u>
3
4 <u>1</u>
5 <u>0</u>
6
7 <u>0</u>
8 <u>2</u>
9 <u>420.1</u>
10
11
12 <u>90-2</u>
13 <u>1-0</u>

MAY 26 1967
FEB 23 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,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. J. Vansant

Licensed Embalmer No. 3778

P. O. Address Clinton, 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.

Permit obtained 1-20-67
WJ