

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 17 1949

State File No. 15634
Registrar's No. 124

BIRTH NO. 27993-49 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023

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> c. CITY (If outside corporate limits, write RURAL and give township) <u>49</u>	
b. CITY OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Witzels Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Wear Creek Camp</u>	
3. NAME OF DECEASED (Type or Print) <u>JOHN OWEN BATSCHLEF</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 12 1949</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE: <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>May 8 1949</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
13a. FATHER'S NAME <u>John K. Batschleff</u>		13b. MOTHER'S MAIDEN NAME <u>Bessie M. Myers</u>	14. NAME OF HUSBAND OR WIFE <u>✓</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>John K. Batschleff</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>intestinal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Hydronephrosis in ulcers</u> DUE TO (c) <u>mongolism - informant</u> 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
19c. INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>		19d. <u>4 mo</u>	
19e. <u>9 mo</u>		19f. <u>3254</u>	
19g. 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other building, etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 5/8, 1949, to 5/12, 1949 and that death occurred at 5/11, 1949 and that death occurred at 5/11 m., from the causes and on the date stated above.

23a. SIGNATURE R. J. Powell (Degree or title) D.D.S. Clinician 23b. ADDRESS Tom mo 23c. DATE SIGNED 5/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 12 49 24c. NAME OF CEMETERY OR CREMATORY Englewood Cem 24d. LOCATION (City, town, or county) (State) Clinton Henry Co Mo

DATE REC'D BY LOCAL REG. May 12 49 REGISTAR'S SIGNATURE Florence Adams 25. FUNERAL DIRECTOR'S SIGNATURE N. A. Tarrant ADDRESS

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

RECEIVED
District Health Officer No.
District File Number 4-49-5
Date Filed 5-16-41

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 _____

working under my personal supervision. _____ Student Embalmer No. _____

Student _____
Student Embalmer

*Body was
not Embalmed*

Signed J. H. Sanson

Licensed Embalmer No. 3779

P. O. Address Clinton

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.