

FILED JUN 3 1949 STANDARD CERTIFICATE OF DEATH

State File No. 16297

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 246

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Joplin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carl Junction Mo 3	
c. LENGTH OF STAY (In this place) 2 1/2 days		d. STREET ADDRESS (If rural, give location) 403 N. Roney.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST JOHNS Hospital			

3. NAME OF DECEASED (Type or Print) Delmar Cecil Battin			4. DATE OF DEATH (Month) (Day) (Year) May 25 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 10-22-1895		9. AGE (In years last birthday) 53
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10b. KIND OF BUSINESS OR INDUSTRY Mining		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Wm. M. Battin		13b. MOTHER'S MAIDEN NAME Myrtle Dunham		14. NAME OF HUSBAND OR WIFE Leona Battin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 496-05-9630		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mertie Riley, sister, Carl Jct. Mo.	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cardiac decomp. (b) pneumonia (c) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 3 days 6 days 7343
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 May 19, 1949 to May 25, 1949, that I last saw the deceased alive on May 25, 1949, and that death occurred at 12:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE E. H. Huntlow M.D.		23b. ADDRESS Joplin Missouri		23c. DATE SIGNED 5-26-49	
24a. BURIAL, CREMATION-REMOVAL (Specify) Burial		24b. DATE 5-28-1949		24c. NAME OF CEMETERY OR CREMATORY Carl Junction Mo	
24d. LOCATION (City, town or county) Carl Junction Mo		24e. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Dan Roney, Carl Jct Mo			
DATE REC'D BY LOCAL REG. 5-26-49		REGISTRAR'S SIGNATURE		FUNDING AGENCY'S SIGNATURE	

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

49  
2  
5

49-5-443

JUN 16 1945

JUN 17 1949

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 .....  
Student Embalmer

Signed \_\_\_\_\_

*F. M. Jones*

Licensed Embalmer No. 2319

P. O. Address Joliet 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.