

FILED JAN 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3579

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 6154 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Stoddard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Stoddard, Mo.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Richland)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Richland)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.F.D. Essex, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----			

3. NAME OF DECEASED (Type or Print) Elmus D. Baty			4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1950		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 4, 1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 4 Days 1
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky /		12. CITIZEN OF WHAT COUNTRY? U. S.

13a. FATHER'S NAME John Baty	13b. MOTHER'S MAIDEN NAME Susan Kallford	14. NAME OF HUSBAND OR WIFE Hallie Baty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hallie Baty, Essex, Mo. Rural

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		INTERVAL BETWEEN ONSET AND DEATH Sudden
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		4201	

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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **10:30 MA** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Way W. Rainey, Coroner 3	23b. ADDRESS Dexter, Mo.	23c. DATE SIGNED 1-5-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 1-6-50	24c. NAME OF CEMETERY OR CREMATORY Blythesville
24d. LOCATION (City, town, or county) (State) Blythesville, Ark.		

DATE REC'D BY LOCAL REG. Jan. 16-50	REGISTRAR'S SIGNATURE Rose Webber Taylor	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Taylor Funeral Home, Stoddard, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 24 195
District Health Office No. 2,
District File Number 150-76
Date Filed

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

J. E. McMillan

Licensed Embalmer No. 4695

P. O. Address *Suburban, Md.*

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.