

FILED AUG 30 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27364**

BIRTH NO. 53799-51 REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 377

1. PLACE OF DEATH a. COUNTY Jasper <u>0495</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri 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 Webb City <u>0412</u>	
c. LENGTH OF STAY (in this place) 3hrs		d. STREET ADDRESS (If rural, give location) 927 West 3rd	
d. FULL NAME OF HOSPITAL OR INSTITUTION Freeman Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) CHERYL	b. (Middle) LYNN	c. (Last) BATTALIA	(Month) August	(Day) 14	(Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH August 14, 1951	9. AGE (In years last birthday) 0	IF UNDER 1 YEAR: Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Infant	11. BIRTHPLACE (State or foreign country) Joplin, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Garland Battalia	13b. MOTHER'S MAIDEN NAME Edith Ruth McGinnis	14. NAME OF HUSBAND OR WIFE Garland Battalia Webb City, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. No	17. INFORMANT'S SIGNATURE OR NAME Garland Battalia Webb City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4 1/2 month premature infant		breathed about 3 hours
	II. 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	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 4:15 A.M., 19 51, to 7:45 8-14/19 51, that I last saw the deceased alive on 8-14, 1951, and that death occurred on 8-14 7:45A m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. B. [Signature]</i>	(Degree or title)	23b. ADDRESS 410 Jackson, Joplin, Mo	23c. DATE SIGNED 8-17-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery	24d. LOCATION (City, town, or county) (State) Webb City, Missouri
DATE REC'D BY LOCAL REG. 8-20-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis	ADDRESS Webb City, Mo.

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

RECEIVED 8-27-51

Sevier County Health Office

County File Number 51/0/666

Date Filed 8-27-51

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 *Howard J. Lewis Jr.*

Licensed Embalmer No. 4541

P. O. Address. *Webb city, 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.