

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 362

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Springfield</u>  | c. LENGTH OF STAY (in this place)  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Republic</u>   | <u>0390</u>  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St John Hosp.</u>   |  | d. STREET ADDRESS<br><u>R # 1</u>   |  |
| 3. NAME OF DECEASED<br>a. (First) <u>EFFIE</u>  |  | b. (Middle) <u>JANE</u>   | c. (Last) <u>BATSON</u>  |
| 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>April 11 1952</u>  |  |   |  |
| 5. SEX<br><u>Female</u>   | 6. COLOR OR RACE<br><u>white</u>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>widowed</u>  | 8. DATE OF BIRTH<br><u>Aug. 30 -</u>                                 |
| 9. AGE (In years last birthday)<br><u>72</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____   | IF UNDER 24 HRS.<br>Hours _____ Min. _____  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, when retired)<br><u>Retired</u>  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Housewife</u>  | 11. BIRTHPLACE (State or foreign country)<br><u>Republic mo</u>   | 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A.</u>                        |
| 13a. FATHER'S NAME<br><u>James Reynolds</u>   | 13b. MOTHER'S MAIDEN NAME<br><u>Martha Mason</u>   | 14. NAME OF HUSBAND OR WIFE<br><u>B.T. Batson</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If no, or unknown) (If yes, give war or dates of service)<br><u>no</u>   | 16. SOCIAL SECURITY NO.<br>_____   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Ralph Moneyham, Republic Mo</u>   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction, acute</u><br>INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br>DUE TO (b) <u>Coronary arteriosclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u> |  |
| 19a. DATE OF OPERATION  | 19b. MAJOR FINDINGS OF OPERATION<br><u>4201</u>  | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input 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 <u>3-21</u> , 19 <u>52</u> , to <u>4-11</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-11</u> , 19 <u>52</u> , and that death occurred at <u>10:45 p.m.</u> , from the causes and on the date stated above. |  |   |  |
| 23a. SIGNATURE<br><u>Glenmon J. MD</u>  |  | 23b. ADDRESS<br><u>Springfield, Mo.</u>   | 23c. DATE SIGNED<br><u>4-12-52</u>                                   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Removal</u>   | 24b. DATE<br><u>4-12-52</u>  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Wade Chapel</u>  | 24d. LOCATION (City, town, or county) (State)<br><u>Republic mo.</u> |
| DATE REC'D BY LOCAL REG.<br><u>4-16-52</u>  | REGISTRAR'S SIGNATURE<br><u>James R. Ross, MD</u>  | FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><u>Tomman-Schaff, Springfield, Mo.</u>  |  |

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

**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 John Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield, 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.