

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

24401

State File No. _____

FILED AUG 3 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 679-B

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>GREENE</u>	
b. CITY OR TOWN <u>Springfield</u>		c. CITY OR TOWN <u>Rural Republic Twp.</u>	
c. LENGTH OF STAY (in this place) <u>6 months</u>		d. STREET ADDRESS (If rural, give location) <u>Republic Rt. 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>PERRY</u> c. (Last) <u>BATSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 22, 1953</u>		
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5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 12, 1868</u>		9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Halltown Mo.</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>Thomas P. Batson</u>			13b. MOTHER'S MAIDEN NAME <u>Lillian Robinson</u>			14. NAME OF HUSBAND OR WIFE <u>Frank Jones Walker</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Thomas Batson</u>				ADDRESS <u>Republic Mo. Rt. 1</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Metastatic Sclerosing disease</u>									
		ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.									
		DUE TO (b) <u>Arterial hypertension</u>									
		DUE TO (c) <u>Arterio-sclerosis general</u>									
		II. OTHER SIGNIFICANT CONDITIONS <u>Old fracture R. hip</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Retinal degenerative - arterio-sclerosis</u>									

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?		
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22. I hereby certify that I attended the deceased from Jan 1952, to July 22, 1953, that I last saw the deceased alive on July 21, 1953, and that death occurred at 12:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John William J. O.</u>		23b. ADDRESS <u>Springfield Mo.</u>		23c. DATE SIGNED <u>7-22-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/24/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Prospect Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Plano, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>7-27-53</u>		REGISTRAR'S SIGNATURE <u>Edna Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Max L. Tassett</u>		ADDRESS <u>Republic Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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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 L. McNaught

Licensed Embalmer No. 4635

P. O. Address Republic, 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.