

FILED AUG 26 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26924

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 5474 Registrar's No. 130

1. PLACE OF DEATH
a. COUNTY Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Grundy

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jefferson Twp.

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Trenton

d. FULL NAME OF HOSPITAL OR INSTITUTION Public roadway 1/2 mi. N.E. Hickory

d. STREET ADDRESS (If rural, give location) 1309 Gilmore St.

3. NAME OF DECEASED (Type or Print)
a. (First) RUAL b. (Middle) WAYNE c. (Last) BATSON

4. DATE OF DEATH (Month) (Day) (Year)
July 27, 1954

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced

8. DATE OF BIRTH May 29, 1901

9. AGE (In years last birthday) 53 IF UNDER 1 YEAR Months 1 Days 28 IF UNDER 24 HRS. Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic

10b. KIND OF BUSINESS OR INDUSTRY garage

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles R. Batson

13b. MOTHER'S MAIDEN NAME Myrtle Long

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) none

16. SOCIAL SECURITY 537-18-9298

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles R. Batson, Trenton, 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) Gunshot wound of head
ANTECEDENT CAUSES
Morbidity 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.

INTERVAL BETWEEN ONSET AND DEATH _____

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION E981X

20. AUTOPSY? YES NO

21a. ACCIDENT (Specify) SUICIDE HOMICIDE Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public road

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Jefferson Twp, Grundy, Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from XXXX, 19 July 27, 54, that I last saw the deceased alive on XXXXXXXXXX and that death occurred at 12:30m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver F. Duffey, M.D.

23b. ADDRESS Trenton Mo July 28th 1954

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE July 29, 1954

24c. NAME OF CEMETERY OR CREMATORY Half Rock Cemetery 24d. LOCATION (City, town, or county) (State) Half Rock, Mercer, Mo.

DATE REC'D BY LOCAL REG. 7-29-54

REGISTRAR'S SIGNATURE Jane Fair

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Donald H. Slater Trenton, Mo.

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

AUG 26 1954

1954 JUL 25 1954

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 _____

Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.