

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33464

State File No. ....

FILED NOV 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3019 Registrar's No. 147

1. PLACE OF DEATH a. COUNTY <b>Dunklin</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY <b>Dunklin</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kennett</b>	c. LENGTH OF STAY (in this place) <b>4 Days</b>	c. CITY OR TOWN <b>Rives Mo.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Bresnell Hospital</b>		STREET ADDRESS (If rural, give location) <b>0300</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>Harold</b>	b. (Middle)	c. (Last) <b>Batey</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 9th- 1954</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>X</b>	8. DATE OF BIRTH <b>Aug. 7th- 1954</b>	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months <b>3</b> Days <b>2</b>	IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>XX</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>X</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rives Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Ruppert Chester Batey</b>	13b. MOTHER'S MAIDEN NAME <b>Audra Young</b>	14. NAME OF HUSBAND OR WIFE <b>XX</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No. X</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Ruppert Chester Batey</b>	ADDRESS <b>Rives Mo.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Gastroenteritis</b>		
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>5710</b>	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) (Min.)	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 11-5, 1954, to 11-9, 1954, that I last saw the deceased alive on 11-9, 1954, and that death occurred at 8:00Am., from the causes and on the date stated above.

23a. SIGNATURE <b>L.C. Wilson M.D.</b> (Degree or title)	23b. ADDRESS <b>Kennett Mo.</b>	23c. DATE SIGNED <b>11-9-54</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-10-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mountain Home</b>	24d. LOCATION (City, town, or county) (State) <b>Mountain Home Ark.</b>
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DATE REC'D BY LOCAL REG. <b>11-9-1954</b>	REGISTRAR'S SIGNATURE <b>Carol Husban</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Lentz Service</b>	ADDRESS <b>Kennett Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 11-20-5

COUNTY FILE NUMBER 157

STATEMENT BY LICENSED EMBALMER

*Not Embalmed*

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.....  
Signature of Student Embalmer

Signed *Edgar Lee Ford*

Licensed Embalmer No. 44

P. O. Address *Kennett*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.