

FILED NOV 9 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33973

BIRTH NO. _____ REG. DIST. NO. 385 PRIMARY REG. DIST. NO. 3039 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY <u>LINN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>LINN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARCELINE</u>	
c. LENGTH OF STAY (In this place) <u>4 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>820 N. MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>820 N. MO</u>			

3. NAME OF DECEASED a. (First) <u>JOHN</u> b. (Middle) <u>WILLIAM</u> c. (Last) <u>BATY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct-15-1955</u>		
5. SEX <u>M - C</u>	6. COLOR OR RACE <u>W -</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Nov-9-1880</u>	9. AGE (In years last birthday) <u>74</u>	if UNDER 1 YEAR Months <u>10</u> Days <u>23</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sluicr Air Dik Employee</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Sluicr DILLERY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PARIS, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN BATY</u>	13b. MOTHER'S MAIDEN NAME <u>ROSA WEESE</u>	14. NAME OF HUSBAND OR WIFE <u>MRS JOHN BATY</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>488-14-3343A</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fonda Shuever</u> ADDRESS <u>Marceline</u>
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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, asthma, 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) <u>Cor Pulmonale due to pulmonary fibrosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Emphysema due to asthma</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>bronchiectasis; hepatomegaly; cardiomegaly; R. inguinal hernia; decompression</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>525X</u> YES <input type="checkbox"/> NO <input 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 July 1954, to Sept 30, 1955, that I last saw the deceased alive on Sept 30, 1955, and that death occurred at 9:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George Jay</u> (Degree or title)	23b. ADDRESS <u>Marceline Mo.</u>	23c. DATE SIGNED <u>10-6-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct 6, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ROSELAWN</u>	24d. LOCATION (City, town, or county) (State) <u>MARCELINE, MO</u>
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DATE REC'D BY LOCAL REG. <u>10-6-55</u>	REGISTRAR'S SIGNATURE <u>M. J. Grogan</u> <u>401-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>M. Daugherty</u> ADDRESS <u>Marceline, MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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 *George D. Drummell*

Licensed Embalmer No. *4425*

P. O. Address *Marbleton 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.