

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22977

FILED JUL 31 1956

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 194

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| 1. PLACE OF DEATH a. COUNTY <u>CALLAWAY</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS COUNTY</u> | |
| b. CITY OR TOWN <u>FULTON, Mo.</u> | c. LENGTH OF STAY (in this place) <u>2 Days</u> | c. CITY OR TOWN <u>KIRKWOOD, MO</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>STATE HOSPITAL # 1</u> | | e. STREET ADDRESS (If rural, give location) <u>335 S. FILMORE</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> | b. (Middle) | c. (Last) <u>BATSON</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 18 1956</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>COLORED</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (NEVER MARRIED)</u> | 8. DATE OF BIRTH <u>FEB 21 1897</u> | 9. AGE (In years last birthday) <u>59</u> | If UNDER 1 YEAR Months <u>5</u> | If UNDER 24 HRS. Days | If UNDER 1 MIN. Hours | If UNDER 1 MIN. Min. |
|--------------------|---------------------------------|--|-------------------------------------|---|------------------------------------|--------------------------|--------------------------|-------------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NONE</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>TERRA HAUTE, IND.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> |
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| 13a. FATHER'S NAME <u>WESLEY BATSON</u> | 13b. MOTHER'S MAIDEN NAME <u>MARTHA FOSTER</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>HOSPITAL RECORDS, FULTON MO.</u> | ADDRESS |
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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, asphyxia, 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>CORONARY THROMBOSIS</u> | | <u>2 MIN.</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIO SCLEROSIS</u> | | <u>20 YEARS.</u> |
| DUE TO (c) | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) |
| 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 7-18 1956 to 7-18 1956 and that I last saw the deceased alive on 7-18 1956 and that death occurred at 0545 m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Tom Johnson MD</u> | 23b. ADDRESS <u>Fulton, Mo.</u> | 23c. DATE SIGNED <u>7-18-56</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 24b. DATE <u>7-25-56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical Board</u> | 24d. LOCATION (City, town, or county) (State) <u>Columbia MO</u> |
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| DATE REC'D BY LOCAL REG <u>July 23 1956</u> | REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>J. D. Roberts</u> | ADDRESS <u>Columbia MO</u> |
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.