

XC 3 584 678
R#G#119933

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035063
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2594

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY SHARP		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN JEFFERSON BARRACKS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN SIDNEY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION		Length of stay in lb 407 DAYS	d. STREET ADDRESS NONE		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ETHAN Middle L. Last BATTLES			4. DATE OF DEATH Month OCTOBER Day 8 Year 1958		
5. SEX MALE <input checked="" type="checkbox"/>	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-13-1905		9. AGE (In years last birthday) 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unk.		10b. KIND OF BUSINESS OR INDUSTRY unk.	11. BIRTHPLACE (City and state or country) SIDNEY, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME ENOCH BATTLES		13b. MOTHER'S MAIDEN NAME unk.		14. NAME OF HUSBAND OR WIFE DIVORCED	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSPITAL, JEFFERSON BARRACKS, MO.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA					INTERVAL BETWEEN ONSET AND DEATH Indeterminate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) 491XA					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PULMONARY TUBERCULOSIS					19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 8-27-57 to 10-8-58 Death occurred at 10-8-58 12:15 P on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. OPPLER <i>W. Oppler</i> (Degree or title) Chf. Prof. MD Services			22b. ADDRESS JEFFERSON BARRACKS, MISSOURI		22c. DATE SIGNED 10-8-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 10-8-58	23c. NAME OF CEMETERY OR CREMATORY Local		23d. LOCATION (City, town, or county) (State) Walnut Ridge, Arkansas.
24. FUNERAL DIRECTOR Albert H. Hoppe		ADDRESS 4700 Washington, Blvd.		25. DATE RECD. BY LOCAL REG. 10-9-58	26. REGISTRAR'S SIGNATURE <i>Hubert P. Donke M.D.</i>

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 *Stanley H. Wilson*

Licensed Embalmer No. *4193*
P. O. Address *S. P.*

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.