

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004298
STATE FILE NUMBER

FILED JAN 28 1959

Registration District No. 372

Primary Registration District No. 4543

Registrar's No. 2

1. PLACE OF DEATH a. COUNTY WEBSTER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY WEBSTER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SEYMOUR		c. CITY OR TOWN SEYMOUR	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET (If outside, give location) ADDRESS 1120 2	

3. NAME OF DECEASED (Type or print) First Middle Last SUSIE JANE BATY			4. DATE OF DEATH Month Day Year 1-16-59			
--	--	--	--	--	--	--

5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1-11-1883	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months Days Hours	IF UNDER 24 HRS. Min.
---------------	------------------------	--	----------------------------	------------------------------------	-----------------------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) HOWARD Co. MO.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
---	-----------------------------------	---	---------------------------------------

13a. FATHER'S NAME GEORGE COLLENS	13b. MOTHER'S MAIDEN NAME EMMA HANNAH	14. NAME OF HUSBAND OR WIFE
-----------------------------------	---------------------------------------	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Mrs. Charley Matney Seymour MO.	Address
--	------------------------------	---	---------

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 1 hr
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) Coronary Thrombosis & Myocardial Infarction 1 hr.		
DUE TO (c) Atherosclerosis		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4201		

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. Month, Day, Year p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 May-1956 to 1-16-59 and last saw him alive on 1-14-59	
Death occurred at 4:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE J. R. Hill (Degree or title) D.O.	22b. ADDRESS Seymour	22c. DATE SIGNED 1-19-59
--	----------------------	--------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 1-18-59	23c. NAME OF CEMETERY OR CREMATORY SEYMOUR MASONIC CEMETERY	23d. LOCATION (City, town, or county) (State) WEBSTER Co. MO.
--	-------------------	---	---

24. FUNERAL DIRECTOR Robert Bergman	ADDRESS Seymour, MO.	25. DATE RECD. BY LOCAL REG. 1-20-59	26. REGISTRAR'S SIGNATURE Gilbert Jones
-------------------------------------	----------------------	--------------------------------------	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Max L Miller*

Licensed Embalmer No. *4720*

P. O. Address *Manziel M*

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.