SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-040668

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 1050B

FILED NOV 20 1961

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b D.O.A.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hosp. — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Republic — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS — (If outside, give location) — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: Clyde Middle: Last: Baty
4. DATE OF DEATH Month: October Day: 30 Year: 1961
5. SEX Male
6. COLOR OR RACE White
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 1-27-1924
9. AGE (last birthday) 37 — IF UNDER 1 YEAR Months 9 Days 3 — IF UNDER 24 HR Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic
10b. KIND OF BUSINESS OR INDUSTRY Automobile
11. BIRTHPLACE (City and state or country) Seymour, Mo
12. CITIZEN OF WHAT COUNTRY U. S. A.
13a. FATHER'S NAME Jim Baty
13b. MOTHER'S MAIDEN NAME Ann Dudley
14. NAME OF HUSBAND OR WIFE Marcella Baty
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Marcella Baty — Address Republic, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Presumed to be natural causes — INTERVAL BETWEEN ONSET AND DEATH unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
UNATTENDED BY A PHYSICIAN
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Deceased had complained of " gas" pains for several days. Became ill suddenly after dinner and wife was enroute to Hospital with him when he collapsed at Fort and Sunshine. Ambulance was called but he was DOA at Hospital.
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX to and last saw her/him alive on
Death occurred at 7:10 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. E. Houbler Jr. (Degree or title) M.D. County Health Officer, Springfield, Mo
22b. ADDRESS
22c. DATE SIGNED 11-13-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11-2-1961
23c. NAME OF CEMETERY OR CREMATORY Odd Fellow Cem.
23d. LOCATION (City, town, or county) Seymour (State) Mo

24. FUNERAL DIRECTOR W. B. Cantrell ADDRESS Republic, Mo
25. DATE RECD. BY LOCAL REG. 11-14-61
26. REGISTRAR'S SIGNATURE Effie L. Mellon

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED — INSTEAD OF — DOCUMENT — SHOULD READ — BY AFFIDAVIT OF — ITEM NO.

DEC 8 1961

NOV 20 1961

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 William B. Cantrell

Licensed Embalmer No. 820

P. O. Address Republic, 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.