

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

50-110614
10611-
STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 101

1. PLACE OF DEATH a. COUNTY <i>St. Francois</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>St. Francois</i>		
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <i>Donne Terre</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Jarmington Route 2</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Donne Terre</i>		Length of stay in 1b <i>Since 7/17/59</i>	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Mrs. Samuel</i> Middle <i>Jacob.</i> Last <i>Batch.</i>			4. DATE OF DEATH Month <i>March</i> Day <i>7</i> Year <i>1959</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>May 9 - 1881</i>	9. AGE (In years last birthday) <i>77</i>	IF UNDER 1 YEAR Months <i>9</i> Days <i>28</i> Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Drift Contractor Shift Boss</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>St. Joseph Lead Co.</i>	11. BIRTHPLACE (City and state or country) <i>Lunenburg Pennsylvania</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13. FATHER'S NAME <i>Mrs. George Batch</i>			14. MOTHER'S MAIDEN NAME <i>Louise Kosterow</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no.</i>		16. SOCIAL SECURITY NO. <i>493-03-9844</i>	17. INFORMANT <i>Mrs. Genevieve Batch Route 2 Jarmington Mo.</i>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arterio Sclerotic Heart Disease</i> <i>Arterio Sclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Arterio Sclerosis</i> DUE TO (c) <i></i>					INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Chr nephritis</i>					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <i>2</i>
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 <i></i> a. m. <i></i> p. m. <i></i>					
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
20g. STATE					
21. I attended the deceased from <i>Dec 15-57</i> to <i>Mar 3-59</i> and last saw ^{and} him alive on <i>Mar 7-59</i> Death occurred at <i>10.10</i> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <i>C. H. Applesbury M.D.</i>			22b. ADDRESS <i>Rivers Mines MO</i>		22c. DATE SIGNED <i>3-10-59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>March 10-1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Old Bonne Terre Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Bonne Terre Mo.</i>	
24. FUNERAL DIRECTOR <i>Alvin A. Hogg</i>		ADDRESS <i>2448 River, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Mar. 10, 1959</i>	26. REGISTRAR'S SIGNATURE <i>Ether Rudloff</i>	

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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..... *Abner W. Wood*

Licensed Embalmer No. *27*
303 Crane St. *Fla.*
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.