

FILED JAN 11 1949

Registration District No. 316

Primary Registration District No. 6075

Registrar's No. 5

1. PLACE OF DEATH:

(a) County St. Francois  
(b) City or town Farmington RURAL St. Francois  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri State Hospital No. 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 months 22 das  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME OLIVER FRANKLIN BADGLEY  
3. (b) If veteran, name war Unknown  
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ora Ballard  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased March 8 1890  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 9 22 hr. min.

9. Birthplace Philipsberg Western Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Common labor.

11. Industry or business \_\_\_\_\_

12. Name Hugh Badgley  
13. Birthplace Dayton, Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name M. A. Piercefield  
15. Birthplace Floris Iowa  
(City, town, or county) (State or foreign country)

16. (a) Informant Records State Hospital No. 4  
(b) Address Farmington, Missouri

17. (a) Burial (b) Date thereof 1-1-49  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Steelville Cem., Steelvil

18. (a) Signature of funeral director Halbert Funeral Home  
(b) Address Steelville, Missouri

19. (a) 1-6-1949 (b) Ether Redliff  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawford 28  
(c) City or town Steelville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Unknown  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30  
year 1948 hour 5 minute 15 P. M.

21. I hereby certify that I attended the deceased from  
Nov. 9, 1948, 19\_\_\_\_, to Dec. 30, 1948, 19\_\_\_\_;  
that I last saw him alive on December 30, 1948, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Acute left ventricular failure Duration 1 hr.  
Due to Arteriosclerotic Heart Disease 1 yr.

Due to \_\_\_\_\_

Other conditions Psychosis with cerebral arterio-  
(Include pregnancy within 3 months of death)  
sclerosis, and asthma and emphysema.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy No autopsy 935  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
e, Mo.

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature John A. Brennan M.D. (M. D. or other)  
Address State Hwy. #11, Farmington, Mo. signed 1/5/49

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

NOT 4  
149-68  
1-10-49

**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 \_\_\_\_\_  
\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_,  
working under my personal supervision.

Signed Paul K. Dugal  
Licensed Embalmer No. 4120  
P. O. Address Farmington Mo

**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 this body is not embalmed, fact should be so stated above.**