

FILED APR 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7706

BIRTH NO.		REG. DIST. NO. 65	PRIMARY REG. DIST. NO. 5252	Registrar's No. 9	
1. PLACE OF DEATH a. COUNTY CHARITON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CHARITON			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK RURAL		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BRUNSWICK RURAL			
d. FULL NAME OF (If not in hospital or institution, give street name or location) HOSPITAL OR INSTITUTION 3 MILES NORTH OF BRUNSWICK		d. STREET ADDRESS (If rural, give location) 3 MI. N. OF BRUNSWICK MO			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) FRANKLIN c. (Last) PADGETT		4. DATE OF DEATH (Month) (Day) (Year) 3-12-1949			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED MARRIED	8. DATE OF BIRTH 4-7-1871	9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TOWNSHIP ASSESSOR & FARMWORK		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) BRUNSWICK MO	
12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME JAS. M. PADGETT		13b. MOTHER'S MAIDEN NAME LOUISA A. ALLEGA		14. NAME OF HUSBAND OR WIFE PEARL	
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'S SIGNATURE OR NAME ADDRESS HERBERT PADGETT BRUNSWICK MO	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PNEUMONIA (HYPOSTATIC) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BACTERIAL ENDOCARDITIS WITH MITRAL STENOSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4014			INTERVAL BETWEEN ONSET AND DEATH 4 DAYS 10 YEARS
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from August, 1944, to March 12, 1949, that I last saw the deceased alive on March 11, 1949, and that death occurred at 3:30 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Kenneth L. Rosenbaum (Degree or title) P.D.O.		23b. ADDRESS TRIPLETT, MISSOURI		23c. DATE SIGNED 3-14-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-14-1949		24c. NAME OF CEMETERY OR CREMATORY POWELL	
24d. LOCATION (City, town, or county) CHARITON MO					
DATE REC'D BY LOCAL REG. 3-14-49		REGISTRAR'S SIGNATURE Waldemar Rosenbaum 56		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L. W. Meisel Brunswick MO	

(Licensed Embalmer's Statement on Reverse Side)

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

2100

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 4-1-49

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed L. M. B. B. B.

Signed _____
Student Embalmer

Licensed Embalmer No. 823

P. O. Address Brunswick 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.