

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
FILED FEB 19 1951 STANDARD CERTIFICATE OF DEATH

State File No. **37424**

BIRTH NO. _____		REG. DIST. NO. 25		PRIMARY REG. DIST. NO. 4036		Registrar's No. 8		
1. PLACE OF DEATH a. COUNTY BATES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BATES				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		c. LENGTH OF STAY (in this place) 3 YRS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RICH HILL		0079		
d. FULL NAME OF HOSPITAL OR INSTITUTION 208 E. MAPLE				d. STREET ADDRESS (If rural, give location) 208 E. MAPLE				
3. NAME OF DECEASED (Type or Print) J WESLEY BADGETT			a. (First) J b. (Middle) WESLEY c. (Last) BADGETT			4. DATE OF DEATH (Month) (Day) (Year) FEB-10-1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB-28-1862		
9. AGE (in years last birthday) 88		10. MONTHS 11		10. DAYS 13		9. AGE (in years last birthday) 88		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY FARMING			11. BIRTHPLACE (State or foreign country) LINCOLN COUNTY KENTUCKY U.S.A		
12. CITIZEN OF WHAT COUNTRY? U.S.A			13a. FATHER'S NAME JOHN BADGETT		13b. MOTHER'S MAIDEN NAME MARY MEEKER		14. NAME OF HUSBAND OR WIFE LAURA BADGETT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Madama Badgett - Rich Hill 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparently Chronic Disease				INTERVAL BETWEEN ONSET AND DEATH		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Disease						
		DUE TO (c) Chronic interstitial Nephritis						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				572X		
19a. DATE OF OPERATION Feb 14 1951		19b. MAJOR FINDINGS OF OPERATION xxx				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) (Minute)		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 Dec 29 , 19 47 to Feb 10 , 19 51 , that I last saw the deceased alive on March 14 , 19 50 , and that death occurred at 9:00 Am. , from the causes and on the date stated above.								
23a. SIGNATURE Charles A. Lusk M.D. (Degree or title)				23b. ADDRESS Butler, Mo		23c. DATE SIGNED 7/15		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 12, 1951		24c. NAME OF CEMETERY OR CREMATORY BREEDLAWN		24d. LOCATION (City, town, or county) (State) RICH HILL, MISSOURI		
DATE REC'D BY LOCAL REG. Feb. 16, 1951		REGISTRAR'S SIGNATURE Mrs. Edna Douglas Booth		25. FUNERAL DIRECTOR'S SIGNATURE Booth Funeral Home - Rich Hill Mo.				

(Licensed Engalmer's Statement on Reverse Side)

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

0070

RECEIVED
DISTRICT HEALTH OFFICE No
District File Number _____
Date Filed 2/17/54

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
Student Embalmer

Signed Lawrence K. Hill

Licensed Embalmer No. 4743

P. O. Address Butler, Missouri

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.