

FILED APR 3 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9388

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 4348 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellsville</b>		c. LENGTH OF STAY (in this place) <b>33 years</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>418 S. Third Street</b>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Wellsville</b>	
f. STREET ADDRESS <b>418 S. Third Street</b>		g. STREET ADDRESS (If rural, give location) <b>418 S. Third Street</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>J.</b>	b. (Middle) <b>FRANK</b>	c. (Last) <b>PADEN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 24 1951</b>
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5. SEX <b>Male D</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married /</b>	8. DATE OF BIRTH <b>May 6, 1854</b>	9. AGE (In years last birthday) <b>96</b>	10. UNDER 1 YEAR (Months) (Days) <b>10 18</b>	11. UNDER 1 HRS. (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>Mississippi</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
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13a. FATHER'S NAME <b>David Paden</b>	13b. MOTHER'S MAIDEN NAME <b>Susan Settles</b>	14. NAME OF HUSBAND OR WIFE <b>Emma Paden</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mr Emma Paden</b>	17. ADDRESS <b>Wellsville Mo</b>
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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) <b>Chronic Pneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> <b>4 days</b> <b>E 7030</b> <b>21</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Fracture of hip</b>		
	DUE TO (c) <input checked="" type="checkbox"/>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <input checked="" type="checkbox"/>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21. ACCIDENT, SUICIDE, HOMICIDE (Specify) <b>Fracture Hip</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>home</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Wellsville Montgomery Mo</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Mar 20 1951 8a.m.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Falls on floor by bed</b>
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22. I hereby certify that I attended the deceased from **3-20**, 1951, to **3-24**, 1951, that I last saw the deceased alive on **3-24**, 1951, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>D. J. [Signature]</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Wellsville Mo</b>	23c. DATE SIGNED <b>3/28/51</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>3/26/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Wellsville City Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Wellsville, Montg., Mo.</b>
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DATE REC'D BY LOCAL REG. <b>3-28-51</b>	REGISTRAR'S SIGNATURE <b>W. S. Komar Jr</b>	425	25. FUNERAL DIRECTOR'S SIGNATURE <b>H. B. [Signature]</b>	ADDRESS <b>Wellsville Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

APR 2 1951

RECEIVED

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Signed \_\_\_\_\_

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 1588

P. O. Address \_\_\_\_\_

Killedville, 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.