

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13024**
Registrar's No. **93**

FILED APR 25 1951

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5586**

Byrd
5490

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

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Marion" Rural		c. LENGTH OF STAY (If in place) 12 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION Route #1 Carthage		d. STREET ADDRESS (If rural, give location) Carthage	
3. NAME OF DECEASED a. (First) Bert b. (Middle) Russell c. (Last) Badgley			4. DATE OF DEATH (Month) (Day) (Year) April 14 1951
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 29, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Recreation Center	9. AGE (In years last birthday) 49
11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME J.A. Badgley		13b. MOTHER'S MAIDEN NAME Susie	14. NAME OF HUSBAND OR WIFE Pauline Badgley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) Yes WW #1		16. SOCIAL SECURITY NO. WW #1	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Pauline Badgley, Carthage, Mo.
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus many years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4/201	
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) _____	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 Apr 13, 1951 , to Apr 14, 1951 , that I last saw the deceased alive on Apr 13, 1951 and that death occurred at 1:40A m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS Carthage Mo	23c. DATE SIGNED 16 April
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4-17-1951	24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	24d. LOCATION (City, town, or county) (State) Carthage, Mo.
DATE REC'D BY LOCAL REG. 4-16-51	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.	

RECEIVED 4-24-51

Jasper County Health Office

County File Number 51/4/339

Date Filed 4-24-51

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MAY 15 1951

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.

Gene C. Pugh
Gene, C. Pugh

Signed.....

Student
Student Embalmer

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.