

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17555**

FILED MAY 19 1952

BIRTH NO. _____ REG. DIST. NO. **291** PRIMARY REG. DIST. NO. **4433** Registrar's No. **26**

1. PLACE OF DEATH a. COUNTY Putnam		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Putnam	
b. CITY (If outside corporate limits, write RURAL and give township) Unionville		c. CITY (If outside corporate limits, write RURAL and give township) Rural Elm Tmp.	
c. LENGTH OF STAY (In this place) 12 1/2 hours		d. STREET ADDRESS (If rural, give location) Livonia, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Monroe Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Miles b. (Middle) Harper c. (Last) Partin		4. DATE OF DEATH (Month) (Day) (Year) May 2 1952	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1872-6-22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired cafe owner		10b. Part of business OR INDUSTRY & Blacksmith	9. AGE (In years last birthday) 79 IF UNDER 1 YEAR 8 Months IF UNDER 1 HR. 11 Hours 11 Min.
11a. BIRTHPLACE (City and State or Foreign Country) Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Wm Partin	13b. MOTHER'S MAIDEN NAME Sarah Vestal	14. NAME OF HUSBAND OR WIFE Lavada Partin
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. No	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lavad@ Partin Livonia 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) perforation of duodenum		12 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) had strangulated hernia which was reduced		36 hours
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. perforation caused by hernia & shock			12 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5615		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 **May 1 1952** to **May 2 1952**, that I last saw the deceased alive on **May 2 1952**, and that death occurred at **10:10 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. L. Judd D.O.	23b. ADDRESS Unionville Mo	23c. DATE SIGNED 5/2/52
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24a. BURIAL CHURCH, TOWN, REMOVAL (Specify)	24b. DATE 5-6-52	24c. NAME OF CEMETERY OR CREMATORY Rose Cem	24d. LOCATION (City, town, or county) (State) County Mo.
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DATE REC'D BY LOCAL REG. 5-16-52	REGISTRAR'S SIGNATURE Maxwell Dushin	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Husted Son Unionville Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

0860

276

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.....

J. O. Husted

Licensed Embalmer No. *2975*

P. O. Address *Unionville*

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.