

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20814

State File No.

FILED JUL 10 1952

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5588 Registrar's No. 266

1. PLACE OF DEATH
a. COUNTY Jackson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Saline

b. CITY (If outside corporate limits, write RURAL and give town) Rural Blue
c. LENGTH OF STAY (In this place)

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Marshall
0972

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lake City Ordnance Plant

d. STREET ADDRESS (If rural, give location) 332 East Arrow
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3. NAME OF DECEASED (Type or Print)
a. (First) Clyde b. (Middle) Wallace c. (Last) Padgett
4. DATE OF DEATH (Month) (Day) (Year) June 21 1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Jan. 2, 1928 9. AGE (In years less birthday) 24 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Marshall, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Howard Padgett 13b. MOTHER'S MAIDEN NAME Unknown 14. NAME OF HUSBAND OR WIFE Joan Lee Padgett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) War II Navy
16. SOCIAL SECURITY NO. 497-24-7664
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joan Lee Padgett, Marshall, Missouri.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Death by electrocution
MEDICAL CERTIFICATION
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.
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INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Fast Refused
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Secretary
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Lake City Ordnance Plant Jackson MO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-21-52 m.
21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? Came in contact with electric wire

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm H Owens Coroner 23b. ADDRESS 1134 Piatt Bldg 23c. DATE SIGNED 6-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE June 21, 1952 24c. NAME OF CEMETERY OR CREMATORY Unknown 24d. LOCATION (City, town, or county) (State) Marshall, Missouri

DATE REC'D BY LOCAL REG. 6-21-52 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Sweeney Funeral Home, Marshall, Missouri.

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

480
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APR 17 1953

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.....

Harold E. Woodiel

Signed.....

Student Embalmer

Licensed Embalmer No. 4609

P. O. Address Indep. 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.