FILED MAY 22 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 19360

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 111

1082

1. PLACE OF DEATH
a. COUNTY Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Nevada, Mo. Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 302 S-Chestnut Length of stay in Ib 17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Vernon
c. CITY OR TOWN Nevada 1082 Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 302 South Chestnut (If outside, give location) Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Edward Middle Chester Last Badgley
4. DATE OF DEATH Month May Day 10 Year 1956
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Sept. 21-1874
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR OR UNDER 24 HRS. Months 7 Days 19 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor "Concrete"
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (City and state or country) Franklin Williamson Co. Ills
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Oliver Badgley
14. MOTHER'S MAIDEN NAME Nuna Smith
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 487-18-5914
17. INFORMANT Walter Thurman Address Nevada Mo. 306 S. Chestnut Daughter

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 or 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Arterio Sclerosis — Several years.
DUE TO (c) ✓
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Age, 81 years. 331X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ None
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) no injury
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year None
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None
20f. CITY, TOWN, OR LOCATION Nevada COUNTY Vernon STATE Mo.

21. I attended the deceased from Jan-'56 to May 10-56 and last saw ~~her~~ him alive on May 10/56.
Death occurred at 11:10 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. S. Love (Degree or title) M.D.
22b. ADDRESS Nevada, Mo
22c. DATE SIGNED 5-15-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 5-12-1956
23c. NAME OF CEMETERY OR CREMATORY Newton Cemetery
23d. LOCATION (City, town, or county) Nevada (State) Missouri

24. FUNERAL DIRECTOR Hays Funeral Service, Inc. ADDRESS Nevada Mo
25. DATE RECD. BY LOCAL REG. 5-17-1956
26. REGISTRAR'S SIGNATURE Annal J. Ferry

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

5-29-56 Corrected by

MAY 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed H. H. Marmaduke

Licensed Embalmer No. 20

P. O. Address Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.