

Health, Welfare Public Service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

D. Cameron
Marston, Mo.

STANDARD CERTIFICATE OF DEATH

'57 018114
STATE FILE NUMBER

FILED MAY 31 1957 Registration District No. 267 Primary Registration District No. 5905 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Plummet</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Plummet</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hayward</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Hayward</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) <u>Legion</u> Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <u>1 mi East of Hayward</u> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <u>WILLIAM ARTHUR PADGETT</u> First Middle Last			4. DATE OF DEATH <u>April - 26 - 1957</u> Month Day Year		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May - 5 - 1892</u> Month Day Year	9. AGE (In years last birthday) <u>64</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Month Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Lyman Padgett</u>			14. MOTHER'S MAIDEN NAME <u>Andy Mallon</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Miss Mallei Padgett</u> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Lobar Pneumonia
DUE TO (b)
DUE TO (c)

19. WAS AUTOPSY PERFORMED? 2
YES NO

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)
Diabetes Mellitus - Epilepsy 490x

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
a. m. p. m.

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.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-22-57 to 4-26-57 and last saw her/him alive on 4-26-57
Death occurred at 6:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
James O. Cameron D.O.

22b. ADDRESS
Marston - Mo.

22c. DATE SIGNED
4-29-57

23a. BURIAL, CREMATION, OR REMOVAL (Specify)
Burial

23b. DATE
4-28-57

23c. NAME OF CEMETERY OR CREMATORY
St. Boyce Cemetery

23d. LOCATION (City, town, or county) (State)
Plummet Co. Mo.

24. FUNERAL DIRECTOR ADDRESS
Mel C Dean Civil Mo

25. DATE RECD. BY LOCAL REG.
5-1-57

26. REGISTRAR'S SIGNATURE
John W German

5-132-57

MAY 29 1957

PERMISSOT COUNTY HEALTH DEPARTMENT
COURTHOUSE - PHONE 79
CARUTHERSVILLE, MO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by Student Embalmer No.....
working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed *Neil C. Dean*.....

Licensed Embalmer No. *39*...

P. O. Address *Caruthersville*

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.