

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-035392

STATE FILE NUMBER

FILED NOV 13 1958

Registration District No.

13

Primary Registration District No.

3003

Registrar's No.

157

S. 300  
1-57

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Barry</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		c. CITY OR TOWN <b>Newtonia</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St Vincent Hosp</b>		Length of stay in lb <b>7 days</b>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>Elmo Scott Paden</b>		4. DATE OF DEATH Month Day Year <b>Nov. 6 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 1 1880</b>
9. AGE (In years last birthday) <b>78</b>		IF UNDER 1 YEAR Months Days <b>78 5</b>	IF UNDER 24 HRS. Hours Min. <b>5</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b>	11. BIRTHPLACE (City and state or country) <b>Litchfield, Ill. /</b>
13a. FATHER'S NAME <b>C. M. Paden</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie McNiell</b>	14. NAME OF HUSBAND OR WIFE <b>Eva May Paden</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <b>Virgil W. Paden Wheaton, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Ulcer, duodenum with obstruction and hemorrhage</b>			INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) <b>5410F</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Concussion due to fall out of bed 36 hours prior to death</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Fell out of bed.</b>	
20c. TIME OF INJURY Hour a.m. Month, Day, Year <b>6 p.m. Nov 4, 1958</b>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hospital</b>	
20f. CITY, TOWN, OR LOCATION <b>Monett</b>		COUNTY <b>Barry</b> STATE <b>Mo.</b>	
21. I attended the deceased from <b>10/30/58</b> to <b>11/6/58</b> and last saw her/him alive on <b>11/5/58</b> Death occurred at <b>about 5 am</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>St. J. S. Lass Jr. M.D.</b>		22b. ADDRESS <b>315 1/2 Broadway, Monett, Mo.</b>	
22c. DATE SIGNED <b>11-7-58</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>11-9-58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Newtonia IOOF Cem.</b>		23d. LOCATION (City, town, or county) (State) <b>Newtonia, Missouri</b>	
24. FUNERAL DIRECTOR <b>W. Morris Payne Wheaton Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>11-7-58</b>	
26. REGISTRAR'S SIGNATURE <b>Mrs. P. N. Cook</b>			

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 ..... Signature of Student Embalmer

Signed James Kenneth Hunt Licensed Embalmer No. 4767 P. O. Address [unclear]

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.