

JURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-016219

FILED VS APR 26 1960

STATE FILE NUMBER

Registration District No. 236 Primary Registration District No. 4352 Registrar's No. 22

ENDED

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

3. NAME OF DECEASED (Type or print) First <u>Elmer Crittendon</u> Middle <u>Padgett</u> Last <u>Padgett</u>			4. DATE OF DEATH Month <u>April</u> Day <u>21</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Coal.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10-21-1878</u>	9. AGE (last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Morgan Co., Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>P. H. Padgett</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Shelton</u>		12. NAME OF HUSBAND OR WIFE <u>Bertha Walker</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT <u>Mrs Lula Williams Versailles, Mo.</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) <u>Epidermoid Carcinoma of Tongue</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mo</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Basal Cell Carcinoma Nose - 12 yrs.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>Versailles, Mo.</u>	COUNTY <u>Morgan</u>	STATE <u>Mo.</u>
21. I attended the deceased from <u>Feb 20, 1960</u> to <u>April 21, 1960</u> and last saw <u>alive</u> on <u>April 21, 1960</u> Death occurred at <u>6:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>J L Washburn MD</u>		22b. ADDRESS <u>Versailles, Mo</u>		22c. DATE SIGNED <u>4/21/60</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>23 Apr. 60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	23d. LOCATION (City, town, or county) <u>Versailles, Mo.</u>	
24. FUNERAL DIRECTOR <u>Kidwell Funeral Home Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-22-60</u>	26. REGISTRAR'S SIGNATURE <u>J L Washburn</u>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

APR 27 19

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond C. Lorber

Licensed Embalmer No. 4626

P. O. Address Versailles

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.