

SEP 19 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28658

Registration District No. 384 Primary Registration District No. 4227 Registrar's No.

1. PLACE OF DEATH:
(a) County Howell
(b) City or town West Plains, mo
(c) Name of hospital or institution: Cottage Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk
In this community 50 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Howell
(c) City or town West Plains
(If outside city or town limits, write "RURAL")
(d) Street No.
(e) If foreign born, how long in U. S. A.?

8. (a) PRINT FULL NAME Mary Pauline Padon
8. (b) If veteran, name war.
8. (c) Social Security No. 0-250

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 14
year 1940 hour 5 minute 10 P. M.

4. Sex 7 5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Rug Padon
6. (c) Age of husband or wife if alive 4 years
7. Birth date of deceased Jan 4 - 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8-7-1940 to 8-14-1940 that I last saw him alive on 8-14-1940 and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 7 Days 10 If less than one day hr. min.

Immediate cause of death Cerebral artery of bile ducts with metastases to liver Duration 6 months

9. Birthplace Howell County, mo
(City, town, or county) (State or foreign country)

Due to
Due to
Other conditions (Include pregnancy within 3 months of death) 46

10. Usual occupation Homemaker

Major findings: Of operations

11. Industry or business
12. Name Matt Weeks
13. Birthplace Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Eva C. Daddard
15. Birthplace Howell Co., mo
(City, town, or county) (State or foreign country)

Of autopsy
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) (e) Means of injury

16. (a) Informant Carl Cutler
(b) Address West Plains, mo
17. (a) Burial (b) Date thereof 8-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Barnett

23. Signature C. Royse Bohmer (M. D. or other)
Address West Plains, mo Date signed 8-22-40

18. (a) Signature of funeral director Robert W. Simons
(b) Address West Plains, mo
19. (a) 8-27-40 (b) Vida W. Simons
(Date received local registrar) (Registrar's signature)

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

6

RECEIVED

District Health Officer No. 5,

District File Number 940907

Date Filed _____

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 _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed A. D. Roberts

Licensed Embalmer No. 3432

P. O. Address West Plains

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, above space should be left blank.