

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30918

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 275

1. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Community Nursing Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution hospital
(Specify whether years, months or days) 4 months 8 days

3. (a) PRINT FULL NAME Myrtle Stropona Badger

3. (b) If veteran, name war r 3. (c) Social Security No. r

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Ran. Taylor Badger
6. (c) Age of husband or wife if alive 26 years
7. Birth date of deceased Sept. 26 1876
(Month) (Day) (Year)

8. AGE: Years 65 Months 0 Days 4 If less than one day hr. min.

9. Birthplace Greentop Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business r

MOTHER FATHER { 12. Name John Gatlin
13. Birthplace Washington County Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sparks
15. Birthplace Mur. Philadelphia Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Badger
(b) Address Lancaster, Mo
17. (a) Burial (b) Date thereof Oct. 2 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation our own hole
18. (a) Signature of funeral director E. E. Nopp
(b) Address Blancett
19. (a) Oct. 2/41 (b) Spencer L. Inceman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler
(c) City or town Queen City
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30
year 1941 hour 1 minute 47 P.M.

21. I hereby certify that I attended the deceased from Sept 22 1941 to Sept 30 1941;
that I last saw her alive on Sept 30 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic Pneumonia Duration 1 hr.
Due to Cerebral embolism 6 hrs.
Chronic Endocarditis
Due to Diabetic Gangrene
General Toxemia
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 61
Of operations no operation
Of autopsy no autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 1
23. Signature Richard P. Noble (M. D. or other) DO
Address Kirksville, Missouri Date signed 9/30/41

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

RECEIVED

District Health Officer No. 10

District File Number 10-41-1879

Date Filed OCT 17 1941

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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