

FILED MAY 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13441

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 88

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Monroe</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ash R R</u>	
c. LENGTH OF STAY (In this place) <u>8 mo</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Elias</u> b. (Middle) <u>Burda</u> c. (Last) <u>Padgett</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-23-1949</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Nov 1-1949</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Mins. _____		11. BIRTHPLACE (State or foreign country) <u>Monroe Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>			

13a. FATHER'S NAME <u>James Newbern James</u>		13b. MOTHER'S MAIDEN NAME <u>Mary DeLuzet Padgett</u>		14. NAME OF HUSBAND OR WIFE <u>Walter Padgett</u>	
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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>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Elias Padgett</u> ADDRESS <u>_____</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of left kidney</u>				INTERVAL BETWEEN ONSET AND DEATH <u>13 to 30 months</u>	
		: ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Unknown</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes</u>					

19a. DATE OF OPERATION <u>5/15/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of left kidney</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from May 15, 1948, to Apr. 22, 1949, that I last saw the deceased alive on Apr. 22, 1949, and that death occurred at 3:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Henry K Baker M.D.</u>		23b. ADDRESS <u>208 1/2 N. 14th Moberly</u>		23c. DATE SIGNED <u>April 25 49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 25 49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ash Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Monroe Co Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Apr 25-49</u>		REGISTRAR'S SIGNATURE <u>Loch Uehlein</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Fred A Thompson</u>		ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 1

District File Number 5-49-2

Date Filed MAY 2 - 1948

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.

Signed Mrs. Fred A. Kump

Signed _____
Student Embalmer

Licensed Embalmer No. 2282

P. O. Address Madison Mo

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, fact should be so stated above.