

FILED OCT 25 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33657

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 230

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>HENRY, Mo</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Clinton Mo</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>north Washington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Clinton Gen Hosp</u>			

3. NAME OF DECEASED a. (First) <u>MATHEW</u> (Type or Print)			b. (Middle) <u>MARK</u>		c. (Last) <u>BADGETT</u>		4. DATE OF DEATH (Month) <u>Oct</u> (Day) <u>15</u> (Year) <u>1949</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>5/27/1893</u>		9. AGE (In years) last birthday <u>56</u> Months <u>4</u> Days <u>19</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		11. BIRTHPLACE (State or foreign country) <u>Clinton Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
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13a. FATHER'S NAME <u>AVERY BADGETT</u>			13b. MOTHER'S MAIDEN NAME <u>NELLIE WATSON</u>			14. NAME OF HUSBAND OR WIFE <u>BIRDIE</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>491-16-7675</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Badgett Clinton</u>		ADDRESS <u>Clinton Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>SEPTICEMIA FOLLOWING TOOTH EXTRACTION</u>						INTERVAL BETWEEN ONSET AND DEATH <u>1 wk</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						<u>1534</u>	

19a. DATE OF OPERATION <u>13 Oct, 1949</u>		19b. MAJOR FINDINGS OF OPERATION				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) <u>Clinton, Henry, Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 13 Oct, 1949 to 15 Oct, 1949, that I last saw the deceased alive on 14 Oct, 1949, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)		23b. ADDRESS <u>Clinton, Mo</u>		23c. DATE SIGNED <u>17 Oct, 1949</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/18/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CLINTON COLORED</u>		24d. LOCATION (City, town, or county) (State) <u>Clinton Mo</u>	
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct-18-49 Florence Adair</u>		424 2. FUNERAL DIRECTOR'S SIGNATURE <u>J.E. Consoles</u>		ADDRESS <u>Clinton Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 9-49-120

Date Filed 10-24-89

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

Student Embalmer

Signed

J. E. Gonzalez

Licensed Embalmer No. 1891

P. O. Address Clinton ma

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.