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

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40141

State File No.

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 9000 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (In this place): 5 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Butler Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): R.F.D. #6 Butler, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Leslie
c. (Last): Padley

4. DATE OF DEATH (Month) (Day) (Year): 12 - 14 - 49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-10-1894
9. AGE (In years last birthday): 55
If under 1 year: Months 7 Days 4
If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bates Co., Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Matthew Wilson
13b. MOTHER'S MAIDEN NAME: Minnie Butler
14. NAME OF HUSBAND OR WIFE: Elbert J. Padley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elbert J. Padley
ADDRESS: Butler, Mo.

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) Chronic Interstitial
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephritis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

592X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 5, 1949 *to* Dec 14, 1949, *that I last saw the deceased alive on* Dec 14, 1949, *and that death occurred at* 1:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carter W. Luter M.D.
23b. ADDRESS: Butler, Mo
23c. DATE SIGNED: 12/15/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-49
24c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
24d. LOCATION (City, town, or county) (State): Butler, Missouri

DATE REC'D BY LOCAL REG.: Dec 17 1949
REGISTRAR'S SIGNATURE: Kendall Kersey M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: John E. Andrew
ADDRESS: Butler Mo

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 1950

RECEIVED
District Health Officer No. 7,
District File Number 11-49-1510
Date Filed 12-28-49

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 Robert G. Steinbeck

Licensed Embalmer No. 4652

P. O. Address Butler, Mo.

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.

FILED DEC 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40141

State File No.

BIRTH NO. REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 101

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Butler
c. LENGTH OF STAY (In this place): 5 Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Butler Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
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b. COUNTY: Bates
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): R.F.D. #6 Butler, Mo.

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Leslie c. (Last) Padley
4. DATE OF DEATH (Month) 12 (Day) 14 (Year) 49
5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 5-10-1894
9. AGE (In years last birthday): 55 — If under 1 year: Months 7 Days 4 — If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bates Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME: Matheson Alexander ~~Matthew~~ Wilson
13b. MOTHER'S MAIDEN NAME: Minnie Butler
14. NAME OF HUSBAND OR WIFE: Elbert J. Padley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Elbert J. Padley ADDRESS: Butler, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Interstitial Nephritis — INTERVAL BETWEEN ONSET AND DEATH

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.* — 592X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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23b. ADDRESS: Butler, Mo
23c. DATE SIGNED: 12/15/49
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-17-49
24c. NAME OF CEMETERY OR CREMATORY: Oakhill Cemetery
24d. LOCATION (City, town, or county) (State): Butler, Missouri
DATE REC'D BY LOCAL REG.: Dec. 17 1949
REGISTRAR'S SIGNATURE: Kendall Murray M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Johnson & Andrews — ADDRESS: Butler Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Items #13a amended by affidavit of Granddaughter of Decease 8-17-94