

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **39557**

FILED NOV 30 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **337** PRIMARY REG. DIST. NO. **6139** Registrar's No. **93**

1. PLACE OF DEATH  
 a. COUNTY **Shelby**  
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural - Black Creek** c. LENGTH OF STAY (in this place) **Life**  
 d. FULL NAME OF HOSPITAL OR INSTITUTION **Pleasant Hill Rest Home**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
 a. STATE **Mo** b. COUNTY **Shelby**  
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Rural - Black Creek**  
 d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED  
 a. (First) **John** b. (Middle) **Padgett** c. (Last)

4. DATE OF DEATH (Month) (Day) (Year)  
**Nov - 14 - 1950**

5. SEX **Male**

6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married**

8. DATE OF BIRTH **Jan - 13 - 1865**

9. AGE (In years last birthday) **85** IF UNDER 1 YEAR Months **10** Days **8** IF UNDER 24 HRS. Hours **9** Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY **none**

11. BIRTHPLACE (State or foreign country) **not known**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **not known**

13b. FATHER'S MOTHER'S NAME **not known**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME **Lee Woods** ADDRESS **Shelbyville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Uremia poisoning**  
 \*ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) **Hardening of arteries**  
 DUE TO (c) **Chronic nephritis**  
 II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.  
**5422X**

INTERVAL BETWEEN ONSET AND DEATH  
**6 days**  
**2 yrs**  
**2 yrs**

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) (Min.)

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. 12, 1950**, to **Nov 14, 1950**, that I last saw the deceased alive on **Nov 14, 1950**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Howard W. Dutton, D.O.**

23b. ADDRESS **Bethel Mo.**

23c. DATE SIGNED **Nov 16/50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Nov-15-1950**

24c. NAME OF CEMETERY OR CREMATORY **Cedar Grove Cemetery**

24d. LOCATION (City, town, or county) (State) **Shelby County Mo.**

DATE REC'D BY LOCAL REG. **Nov-20-50**

REGISTRAR'S SIGNATURE **Ada Garrison**

25. FUNERAL DIRECTOR'S SIGNATURE **E. P. Thompson** ADDRESS **Shelbyville, Mo.**

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

020  
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Date Received: NOV 27 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 11-50-20  
Date Filed: NOV 28 1950

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.....

*Not embalmed*

Student Embalmer No. ....

working under my personal supervision.

Signed E. P. Thompson

Signed.....  
Student Embalmer

Licensed Embalmer No. 1632

P. O. Address Shelbyville, 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.