

FILED SEP 6 1951

STANDARD CERTIFICATE OF DEATH

29240

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4495 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY <u>Shelby</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Shelby</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bethel</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Bethel</u> <u>10.20</u>	
c. LENGTH OF STAY (In this place) <u>10 years</u>		d. STREET ADDRESS (If rural, give location) <u>Q</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>William</u> c. (Last) <u>Aduddell</u>		4. DATE OF DEATH (Month) <u>Aug</u> (Day) <u>14</u> (Year) <u>1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept-19-1876</u>
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>10</u>	11. DAYS <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Shelby County Mo</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>John Aduddell</u>	13b. MOTHER'S MAIDEN NAME <u>Nannie Sims</u>	14. NAME OF HUSBAND OR WIFE <u>Josephine Aduddell</u>
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. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Josephine Aduddell</u> ADDRESS <u>Bethel, Mo</u>

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <u>Coronary disease of heart</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Aug 13-14</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary disease of heart</u> DUE TO (c)		<u>10 years</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>arteriosclerosis</u>		<u>10 years</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4/201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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)	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 Aug 13, 1951, to Aug 14, 1951, that I last saw the deceased alive on Aug 13, 1951, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Bladys Danner M.D.</u>	23b. ADDRESS <u>Shelby</u>	23c. DATE SIGNED <u>Aug 15/1951</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug-16-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emden Cemetery</u>
	24d. LOCATION (City, town, or county) (State) <u>Emden Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-23-51</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.P. Thompson</u> ADDRESS <u>Shelbyville Mo</u>

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

SEP 6 1951

Date Received: AUG 27 1951
DISTRICT HEALTH OFFICE #2
District File Number 8-51-1504
Date Filed:

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 _____

Myself

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

E. P. Thompson

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.