No. 300
10.48

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

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34262

State File No.

BIRTH NO. REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5677 Registrar's No. 17

1. PLACE OF DEATH
a. COUNTY: Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Union
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Union 0590
d. STREET ADDRESS (If rural, give location): 2 M. East Silex, Mo.

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle):
c. (Last): Partridge

4. DATE OF DEATH (Month) (Day) (Year): 3 6 51

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 3-6-1877
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 3, Days 7 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: XX
11. BIRTHPLACE (State or foreign country): Brighton Ill.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Timothy Partridge
13b. MOTHER'S MAIDEN NAME: Frances Harbison
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: J.W. Hoffmann, Flora Ill. — ADDRESS

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 Myocarditis — 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): Thrombosis and
DUE TO (c): Senility

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

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
4222
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 ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Alan Ellis (Degree or title): Coroner
23b. ADDRESS: Troy, Mo.
23c. DATE SIGNED: 4/23/51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-51
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Millwood
24d. LOCATION (City, town, or county) (State): Millwood, Lincoln Mo.

DATE REC'D BY LOCAL REG.: 10/17/51
REGISTRAR'S SIGNATURE: Mrs. Clakeace Kientzy
25. FUNERAL DIRECTOR'S SIGNATURE: W.P. Dammann — ADDRESS: Silex Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
OCT 18 1951
DISTRICT HEALTH OFFICE No. 4
File No.

1951-6-9
1875-7-5
75-11-4

OCT 23 1951

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 NO Body Found Dead, Did Not Embalm Student Embalmer No. ..... working under my personal supervision.

Student .....
Student Embalmer

Signed W. R. Vormund

Licensed Embalmer No. 2251

P. O. Address Silex 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.