

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4776**

FILED MAR 1 1952

BIRTH NO. _____ REG. DIST. NO. **140** PRIMARY REG. DIST. NO. **3034** Registrar's No. **17**

451
0

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

1. PLACE OF DEATH a. COUNTY Howard		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard	
b. CITY (If outside corporate limits, write RURAL and give township) Fayette	c. LENGTH OF STAY (If this place) 1 hour	c. CITY (If outside corporate limits, write RURAL and give township) Glasgow 0450	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital		d. STREET ADDRESS (If rural, give location) 0	

3. NAME OF DECEASED
(Type or Print) **Hudson Marvin Padgett**
 of (First) **Hudson** (Middle) **Marvin** (Last) **Padgett**

4. DATE OF DEATH **Feb. 20, 1952**
 (Month) (Day) (Year)

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never Married** 8. DATE OF BIRTH **Sept. 9, 1905** 9. AGE (In years last birthday) **46**
 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Mins. _____

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

13a. FATHER'S NAME **Hudson M. Padgett** 13b. MOTHER'S MARDEN NAME **Maud Henry** 14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U. S. ARMY FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. **Not available** 17. INFORMANT'S SIGNATURE OR NAME **Mrs. Maud Padgett** ADDRESS **Glasgow 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, asthma, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cerebral Hemorrhage**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arteriosclerosis Chr.** **1 year**
 DUE TO (c) _____

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 **331X** 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) _____ 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 **Feb 20, 1952**, to **Feb 20, 1952**, that I last saw the deceased alive on **Feb 20, 1952**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **W. B. Bloom M.D.** (Degree or title) 23b. ADDRESS **Fayette Mo** 23c. DATE SIGNED **2-22-52**

24a. BURIAL, CREMATION, OR REMOVAL (Specify) **Burial** 24b. DATE **Feb. 23, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Washington** 24d. LOCATION (City, town, or county) (State) **Glasgow Mo**

DATE REC'D BY LOCAL REG. **2-18-52** REGISTRAR'S SIGNATURE **Mary S. Shell** FUNERAL DIRECTOR'S SIGNATURE **W. Dudley - Fremont** ADDRESS **Glasgow Mo.**

MAR 2 6 1953

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

W. J. Siemuth

Signed.....

Student Embalmer

Licensed Embalmer No.

3978

P. O. Address

Glasgow 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.