

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7807**

BIRTH NO. **FILED MAR 22 1954** REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **287**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	
c. LENGTH OF STAY (in this place) 12 Yrs.		d. STREET ADDRESS (If rural, give location) 509 No. 3rd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 509 No. 3 St.			

3. NAME OF DECEASED (Type or Print) a. (First) EMMETT	b. (Middle) LOUIS	c. (Last) PADGETTE	4. DATE OF DEATH (Month) (Day) (Year) March 8, 1954
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2, 1885	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Days	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Various	11. BIRTHPLACE (State or foreign country) Rockbridge, Va.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Unknown
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. 488-14-0738	17. INFORMANT'S SIGNATURE OR NAME Mo. ADDRESS Social Welfare Board, St. Joseph
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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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lobar Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) General Arteriosclerosis		unknown
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Man died while alone in his room. He drank wine to excess, and has been unable to eat food.		490 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Winded	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **on 3/8, 1954**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **8:00 A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H F Munday M.D. (Coroner)	23b. ADDRESS St. Joseph, Mo	23c. DATE SIGNED 3/8/54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE March 10/54	24c. NAME OF CEMETERY OR CREMATORY Mariam Cemetery	24d. LOCATION (City, town, or county) (State) Maryville, Mo.
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DATE REC'D BY LOCAL REG. Mar 16, 1954	REGISTRAR'S SIGNATURE Ruth M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Barry Funeral Home	ADDRESS St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Victor J. Barry

Licensed Embalmer No. 4212

P. O. Address St Joseph

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.