

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5660

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5738 Registrar's No. 67

1. PLACE OF DEATH  
a. COUNTY Newton

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE Mo  
b. COUNTY Newton

b. CITY (If outside corporate limits, write RURAL and give township)  
Pierce Van Buren

c. CITY OR TOWN Pierce City

d. Is Residence within limits of a city or incorporated town?  
Yes  No  673

c. LENGTH OF STAY (In this place)  
15 years

d. STREET ADDRESS (If rural, give location)  
Road 6 mile West of Pierce City

d. FULL NAME OF HOSPITAL OR INSTITUTION  
6 mile West of Pierce City

3. NAME OF DECEASED  
a. (First) LELIA  
(Type or Print)

b. (Middle) \_\_\_\_\_

c. (Last) PANADY

4. DATE (Month) (Day) (Year)  
Feb 7 1955

5. SEX 1

6. COLOR OR RACE W

7. MARRIED NEVER MARRIED, WIDOWED DIVORCED (Specify)  
Widowed

8. DATE OF BIRTH  
8-1-1879

9. AGE (In years last birthday) 75  
If UNDER 1 YEAR: Months 6 Days 6  
If UNDER 24 HRS: Hours 6 Min. 6

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country)  
Balling Green, Kentucky

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

13a. FATHER'S NAME  
J. B. Radd

13b. MOTHER'S MAIDEN NAME  
not known

14. NAME OF HUSBAND OR WIFE  
Alfred P. Panady

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.  
None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs. James H. Panady Pierce City

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  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Arteriosclerosis  
DUE TO (c) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
10 days  
  
?

19a. DATE OF OPERATION

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

20. AUTOPSY?  
YES  NO   
  
4500

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)  
Newton Newton Mo

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 10-1, 1947 to 2-7, 1955, that I last saw the deceased alive on 2-7, 1955, and that death occurred at 2:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
F. L. Edwards M.D.

23b. ADDRESS  
Monett, Mo

23c. DATE SIGNED  
2-11-55

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

24b. DATE  
2-9-55

24c. NAME OF CEMETERY OR CREMATORY  
Van Buren

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

DATE REC'D BY LOCAL REG.  
Feb. 16, 1955

REGISTRAR'S SIGNATURE  
M. S. Young

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Willie Brown Pierce City Mo

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. 355-33

District File Number 3-1-59

Date Filed 3-1-59

NEOSHO, MISSOURI

MAR 5 1959

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, Edwin Wilks, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Edwin Wilks

Licensed Embalmer No. 415  
P. O. Address Price St

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.