

FILED MAY 9 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12754

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 3048		Registrar's No. 139		
1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission). a. STATE Missouri b. COUNTY Nodaway				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maryville		c. LENGTH OF STAY (in this place) 3 days		c. CITY OR TOWN Maryville		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Francis Hospital				f. STREET ADDRESS (If rural, give location) 706 South Buchanan 0742				
3. NAME OF DECEASED (Type or Print)		a. (First) MARY		b. (Middle) HELEN		c. (Last) PARTRIDGE		
4. DATE OF DEATH		(Month) 5		(Day) 3		(Year) 55		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 11/7/66		
9. AGE (In years last birthday) 88		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY Own home		11. BIRTHPLACE (City and State or Foreign Country) Nodaway County Mo. 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George W. Null			13b. MOTHER'S MAIDEN NAME Lydia Jane Ware			14. NAME OF HUSBAND OR WIFE John L. Partridge, dec.		
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. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. Arte Craven, Maryville, 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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH 3	
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ventricular Tachycardia</u>				3.	
			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 4/20/1				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) (Min.)		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 <u>May 1</u> , 1955, to <u>May 3</u> , 1955, that I last saw the deceased alive on <u>May 3</u> , 1955, and that death occurred at <u>10:15Pm.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert E. Dunshie</u> M. D.				23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED May 5, 1955		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 5/6/55		24c. NAME OF CEMETERY OR CREMATORY Myrtle Tree		24d. LOCATION (City, town, or county) (State) Maryville, Missouri		
DATE REC'D BY LOCAL REG. 5-7-55		REGISTRAR'S SIGNATURE <u>Bess Holt</u> 229		25. FUNERAL DIRECTOR'S SIGNATURE Price Funeral Home, Maryville, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Clayton M. Price*.....

Licensed Embalmer No. *182*.....

P. O. Address *Marshall*.....

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.