

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022814
State No. 022814

FILED JUL 8 1958

REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 123

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

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a..STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, write RURAL and give township) Rolla		c. LENGTH OF STAY (in this place) 3 mo	c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION McFarland Nursing Home 080 NEAR Newburg					
3. NAME OF DECEASED (Type or Print) George Newton Badger			4. DATE OF DEATH (Month) (Day) (Year) June 19 1958		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Nov 27-1871		9. AGE (In years last birthday) Months Days 86 6 22
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Sberaton Iowa	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Ephirian Badger	13b. MOTHER'S MAIDEN NAME Margie Ann Halmes	14. NAME OF HUSBAND OR WIFE Florence May Badger	
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. 495-12-2569	17. INFORMANT'S SIGNATURE OR NAME ADDRESS George H. Badger, Newburg		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) DEGENERATIVE HEART DISEASE ACTINOSCLEROSIS					
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DEGENERATIVE HEART DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ACTINOSCLEROSIS 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 4221			20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 <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 3/21/58 , 19 58 , to 6/19 , 19 58 , that I last saw the deceased alive on 6/19 , 19 58 , and that death occurred at 6:10 p.m. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Wm R. G. [Signature]			23b. ADDRESS Rolla Mo		23c. DATE SIGNED 6/19/58
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JUNE 22-58	24c. NAME OF CEMETERY OR CREMATORY MT OLIVE		24d. LOCATION (City, town, or county) (State) NORTH of Newburg Mo	
DATE REC'D BY LOCAL REG. June 23, 1958		REGISTRAR'S SIGNATURE Nadine L. Stoll		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS William Lee Strawhurn Newburg	

RECEIVED

Phelps County Health Commission

County File Number 1084

Date Filed JUL 7 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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William Lee Stowhuen*

Licensed Embalmer No. 5043

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