Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002436
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 278 Primary Registration District No. 30S4 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY: PIKE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MISSOURI b. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ANNADA — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN: ANNADA (820 C) — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Length of stay in 1b	d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First LOUIS Middle HENRY Last BADORD

4. DATE OF DEATH: Month JAN. Day 7, Year 1959

5. SEX: MALE (C)

6. COLOR OR RACE: WHITE

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: JAN. 12, 1883

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

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TOOL + DYE MAKER

10b. KIND OF BUSINESS OR INDUSTRY: SERVEL CORP.

11. BIRTHPLACE (City and state or country): MONTPELIER, VERMONT

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: PETER BADORD

13b. MOTHER'S MAIDEN NAME: ELLEN CONWAY

14. NAME OF HUSBAND OR WIFE: CLARA BADORD (DEC. 1954)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 313-05-2105

17. INFORMANT: ELMER NEWBERRY Address: ANNADA, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 1 DAY

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b):

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from NOV 1958, to JAN 7, 1959 and last saw ~~him~~ him alive on JAN 6, 1959

Death occurred at 12:15 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [signature] (Degree or title) M.D.(C)

22b. ADDRESS: ELSBERRY, MO

22c. DATE SIGNED: 1/7/59

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL

23b. DATE: JAN. 7, 1959

23c. NAME OF CEMETERY ~~OR CREMATORY~~: SUNSET MEMORIAL

23d. LOCATION (City, town, or county) (State): EVANSVILLE, INDIANA

24. FUNERAL DIRECTOR: O. C. RICKS ADDRESS: ELSBERRY, Mo.

25. DATE RECD. BY LOCAL REG.: Jan 7-1959

26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

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 .....

Licensed Embalmer No. 4012

P. O. Address Elsberry, 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.