

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-035033

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 169

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 8 1963

VS 300 Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH
 a. COUNTY Bates
 b. CITY (If outside corporate limits, give TOWNSHIP only) Butler Length of stay in 1b 3 Days
 c. FULL NAME OF (If NOT in hospital, give location) Bates Co. Memorial Hospital Inside Limits Yes No
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Mo b. COUNTY Bates
 c. CITY OR TOWN Appleton City Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) Route # 3 Reside on Farm Yes No
 3. NAME OF DECEASED (Type or print) First Lillian Middle Ada Last Padley
 4. DATE OF DEATH Month Oct Day 1 Year 1963
 5. SEX F 6. COLOR OR RACE W 7. Married Never Married Widowed Divorced
 8. DATE OF BIRTH Feb-7-1921 9. AGE (last birthday) 42
 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
 10b. KIND OF BUSINESS OR INDUSTRY Public Schools
 11. BIRTHPLACE (City and state or country) Taberville, Mo
 12. CITIZEN OF WHAT COUNTRY U.S.A
 13a. FATHER'S NAME Roy Colson 13b. MOTHER'S MAIDEN NAME Estella Davis 13c. NAME OF HUSBAND OR WIFE Joseph Padley
 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) No
 16. SOCIAL SECURITY NO. 8224 17. INFORMANT Joseph Padley Address Route # 3
 18. CAUSE OF DEATH (Enter only one cause per item for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Cardiac Arrest
 DUE TO (b) Coronary Occlusion
 DUE TO (c) Shock due to Caerian section
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hemorrhage + Diabetes Mellitus
 PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown
 19. WAS AUTOPSY PERFORMED? YES NO
 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 4:50 P.M. Month, Day, Year July 1 1965
 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 Butler, Mo. COUNTY Bates STATE Mo
 21. I attended the deceased from July 1 1965 to 10-1-63 and last saw her alive on 10-1-63
 Death occurred at 4:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.
 22a. SIGNATURE (Degree or title) R. L. Hansen M.D. 22b. ADDRESS Butler, Mo. 22c. DATE SIGNED 10-4-63
 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal - Burial 23b. DATE Oct 5-1963 23c. NAME OF CEMETERY OR CREMATORY Pleasantedge-Meyer Cemetery 23d. LOCATION (City, town, or county) (State) near Appleton City Mo.
 24. FUNERAL DIRECTOR Melvin L. Janssens, El Dorado Spgs. ADDRESS 10-4-63 25. DATE RECD. BY LOCAL REG. 10-4-63 26. REGISTRAR'S SIGNATURE Norma Jean Wilson

USE BLACK INK OR TYPEWRITER RIBBON

EMERALD STATE COLLEGE

OCT 18 1963

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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 Melvin L. Janssen

Licensed Embalmer No. 4529

P. O. Address El Dorado Spgs.

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.

Permit received 10-1-63 MLC