

FILED FEB 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 5834

BIRTH NO. _____		REG. DIST. NO. <u>297</u>		PRIMARY REG. DIST. NO. <u>16021</u>		Registrar's No. <u>18</u>		
1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stet, Rural, Grape Grove Twp.</u>		c. LENGTH OF STAY (Specify place) <u>85 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stet, Rural, Grape Grove Twp</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>XX</u>				d. STREET ADDRESS (If rural, give location) <u>R.T.D. STET MO</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie</u> b. (Middle) <u>Ester</u> c. (Last) <u>Paul</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 10, 1949</u>					
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widow</u>	8. DATE OF BIRTH <u>Nov. 21, 1855</u>		9. AGE (In years last birthday) <u>93</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE (State or foreign country) <u>Rockford, Ill /</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S</u>		
13a. FATHER'S NAME <u>Edwin Hilton</u>			13b. MOTHER'S MAIDEN NAME <u>DeBora Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Isaac Paul</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>T.J. Paul Stet, Mo</u>				
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u> DUE TO (c) <u>none</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none 4 2 2</u>		19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>.</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input checked="" type="checkbox"/>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Stet, Missouri</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>				
22. I hereby certify that I attended the deceased from <u>June 25, 1943</u> , to <u>July 10, 1949</u> that I last saw the deceased alive on <u>July 3, 1949</u> , and that death occurred at <u>2:40 P.M.</u> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Norman H. Patterson M.D.</u>				23b. ADDRESS <u>Braymer, Mo</u>		23c. DATE SIGNED <u>2-11-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2-12-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bethany Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stet, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-18-49</u>		REGISTRAR'S SIGNATURE <u>Malhel Jackson</u>		25. CORONER'S SIGNATURE <u>Bernard Mead</u>		ADDRESS <u>Braymer Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.4889
89

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-24-49

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
Student Embalmer

Signed Edward J. Mead

Licensed Embalmer No. 2801

P. O. Address Braymer, 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 this body is not embalmed, fact should be so stated above.