

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 24 1949 STANDARD CERTIFICATE OF DEATH

State File No. 27519

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. 5839 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) GRANBY	c. LENGTH OF STAY (in this place) LIFETIME	c. CITY (If outside corporate limits, write RURAL and give township) GRANBY Granby Jnp	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, RURAL Rt		d. STREET ADDRESS (If rural, give location) RURAL Rt	

3. NAME OF DECEASED (Type or Print)	a. (First) Robert	b. (Middle) EARL	c. (Last) PAUL	4. DATE OF DEATH (Month) (Day) (Year)
				8-15-1949

5. SEX MALE	6. COLOR OR RACE Wht.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 4-29-1889	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 3 Days 18	IF UNDER 2 Wks. Hours 1 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of waking life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) GRANBY MO	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Robert PAUL	13b. MOTHER'S MAIDEN NAME ENNIS ROSE	14. NAME OF HUSBAND OR WIFE ETTA PAUL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UK	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Etta Paul Granby mo	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to **Aug 15**, 19**49**, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:58** a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter M. Dill	23b. ADDRESS Washburn, Mo	23c. DATE SIGNED Aug 15, 1949
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24a. BURIAL, CREMATION, REMOVAL (Specify) Buried	24b. DATE 8-17-49	24c. NAME OF CEMETERY OR CREMATORY Granby Cem	24d. LOCATION (City, town, or county) (State) Granby mo
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DATE REC'D BY LOCAL REG. Aug 17, 1949	REGISTRAR'S SIGNATURE M. L. Young 225	25. FUNERAL DIRECTOR'S SIGNATURE Cleaver - Shewmake	ADDRESS Granby mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED

District Health Officer No. NEWTON Co. HEALTH UNIT
District File Number 849-143
Date Filed AUG 23 1949

JUN 26 1957

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 Paul D. Henbest

Licensed Embalmer No. 4576

P. O. Address Lawville

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.