

FILED FEB 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7382
State File No.

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>1507 Austin St.,</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Nevada City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Nevada, Mo.</u>	
3. NAME OF DECEASED a. (First) <u>Anna</u>		b. (Middle) <u>- - -</u>	
c. (Last) <u>PAUL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11, 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 15, 1872</u>
9. AGE (In years last birthday) <u>77</u>		10. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Carthage, Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Burgess Benscholter</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>W.L. Paul</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.L. Paul</u> ADDRESS <u>1507 Austin Nevada, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage, right, acute, severe.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease and arteriosclerosis.</u> 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 <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days.</u>	
21a. ACCIDENT (Specify) <u>None</u>		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) (Minute) _____	
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 <u>Feb. 5</u> , 19 <u>50</u> , to <u>Feb. 11</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Feb. 11</u> , 19 <u>50</u> , and that death occurred at <u>3:55A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W.L. Paul</u>		23b. ADDRESS <u>Moore Building, Nevada, Mo.</u>	
23c. DATE SIGNED <u>2/14/50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-14-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Stoney Point Ceme.</u>	
24d. LOCATION (City, town, or county) (State) <u>S. of Carthage, Mo.</u>		DATE REC'D BY LOCAL REG. <u>Feb. 16, 1950</u> REGISTRAR'S SIGNATURE <u>W. H. Spencer</u> 331	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Ulmer Funeral Home</u>		ADDRESS <u>Carthage, Mo.</u>	

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

1082
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RECEIVED

District Health Officer No. 7;

District File Number 1-54-100

Date Filed 2-20-50

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

Licensed Embalmer No. 4194

P. O. Address _____

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.