

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22964**

FILED JUL 21 1950

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **5164** Registrar's No. **232**

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

1. PLACE OF DEATH a. COUNTY Callaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Callaway	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton Twp		c. CITY (If outside corporate limits, write RURAL and give township) Auxvasse n140	
c. LENGTH OF STAY (In this place) 15 min		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION About 4 1/2 mi N Fulton			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Taylor c. (Last) Pasley Jr.			4. DATE OF DEATH (Month) (Day) (Year) July 9 1950		
5. SEX mo	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 16, 1920	9. AGE (In years last birthday) 29	10. MONTHS 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY Trucking	11. BIRTHPLACE (State or foreign country) Auxvasse Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME J. T. Pasley	13b. MOTHER'S MAIDEN NAME Ann Miller	14. NAME OF HUSBAND OR WIFE —
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Second World War	16. SOCIAL SECURITY NO. 487-28-1711	17. INFORMANT'S SIGNATURE OR NAME Ada Virginia Wells	ADDRESS Auxvasse Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 89248
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowned while swimming at Reeds Lake		
	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. went down in plain view of a lot of witnesses			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Fulton Twp	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Fulton Callaway Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9 9 1950 7 a.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? n14

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M. Garrett	(Degree or title) Coroner	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 7/11/50
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE July 11-1950	24c. NAME OF CEMETERY OR CREMATORY Auxvasse Cemetery	24d. LOCATION (City, town, or county) (State) Auxvasse Mo

DATE REC'D BY LOCAL REG. July-15-1950	REGISTRAR'S SIGNATURE Maretha Lawrence	426	25. FUNERAL DIRECTOR'S SIGNATURE Hughes Maupin	ADDRESS Auxvasse Mo
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RECEIVED JUL 17 1950
District Health Officer No. 9,
District File Number.....

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Hughes Manpain*
Licensed Embalmer No. *2358*

P. O. Address *Aux Vasse, Md.*

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.