

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5585

State File No.

FILED MAR 13 1951

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY PETTIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY PETTIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 619 EAST 17th	
d. FULL NAME OF HOSPITAL OR INSTITUTION BOTHWELL MEMORIAL HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) MARIE	b. (Middle) E	c. (Last) PASLEY	4. DATE OF DEATH (Month) (Day) (Year) Mar. 4, 1951
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5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept 8, 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Hamburg, Germany	12. CITIZEN OF WHAT COUNTRY? Unknown
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13a. FATHER'S NAME Joseph Seidl	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE O.W. Pasley
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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) No	16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME Jack Pasley ADDRESS 243 So. Park, Sedalia
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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, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage. DUE TO (c) Left Hemiplegia.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Feb. 28th 1951. Same.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Medical treatment only.	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None.	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) None.	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 Febr. 28th, 1951 to March 4th, 1951, that I last saw the deceased alive on March 4th, 1951, and that death occurred at 7:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE Jno. B. Carlisle, M.D. (Degree or title)	23b. ADDRESS Sedalia, Missouri.	23c. DATE SIGNED 3-5-51.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 6, 1951	24c. NAME OF CEMETERY OR CREMATORY Memorial Park	24d. LOCATION (City, town, or county) (State) Sedalia, Mo
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DATE REC'D BY LOCAL REG. 3-6-51	REGISTRAR'S SIGNATURE [Signature]	FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Sedalia, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

GILLESPIE FUNERAL HOME 2804

A. Campbell

RECEIVED 3-12-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 3-12-51

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

Joan F. Fuller

Licensed Embalmer No.

4818

P. O. Address

Sedalia, 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.