

FILED JUN 4 1953

STANDARD CERTIFICATE OF DEATH

State File No. 17455
Registrar's No. 141

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016

264
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WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Cole Co.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ashland</u>	
b. CITY OR TOWN <u>Jefferson City, Mo</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Mexico, Mo. 0043</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>950 Carrico</u>	

3. NAME OF DECEASED a. (First) <u>Martha</u> b. (Middle) <u>Fay</u> c. (Last) <u>Pauley</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1953</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>June 7 1935</u>		9. AGE (In years last birthday) <u>17</u> IF UNDER 1 YEAR Months <u>11</u> Days <u>24</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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>✓</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Lemuel Clardy</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Krisl</u>		14. NAME OF HUSBAND OR WIFE <u>John A. Pauley Mexico, Mo.</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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>John A. Pauley Mexico, 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>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Hemolyzing Reaction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs?</u> <u>14 hrs</u> <u>15 hrs</u> <u>9 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Multiple transfusions</u>		
	DUE TO (c) <u>Severe shock from inverted uterus</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Term Pregnancy with Spontaneous delivery</u>			

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Autopsy Pending: (Possibly 30 days)</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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) <u>6770</u>	
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? _____

22. I hereby certify that I attended the deceased from Nov, 1952, to May 31, 1953, that I last saw the deceased alive on May 31, 1953, and that death occurred at 6:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Donald Shel, M.D.</u> (Degree or title) <u>0</u>		23b. ADDRESS <u>521 E. High St., Jefferson City, Mo.</u>		23c. DATE SIGNED <u>6-2-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>June 3 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemt.</u>		24d. LOCATION (City, town, or county) (State) <u>Ashland, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>June 2-1953</u>		REGISTRAR'S SIGNATURE <u>R.P. Norris MD - RR 68</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Burnett Ashland Mo</u>	
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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 W. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Aspland 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.