

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25662

No. 300  
10.45 FILED JUL 16 1953

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 245

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>	
c. LENGTH OF STAY (in this place) <u>6/27/53</u>		d. STREET ADDRESS (If rural, give location) <u>802 South Hayden</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Levering</u>		e. ADDRESS <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude E. Paulson</u> b. (Middle) <u></u> c. (Last) <u></u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 30 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>December 21, 1878</u>		9. AGE (in years last birthday) <u>74</u> Months <u>6</u> Days <u>0</u> Hours <u></u> Min. <u></u>		10. BIRTHPLACE (State or foreign country) <u>Ralls County Missouri</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>xx</u>		11. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>A. J. Payton</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Ellis</u>		14. NAME OF HUSBAND OR WIFE <u>George I. Paulson</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Earl Whitten</u>	
				ADDRESS <u>Oakwood Missouri</u>	

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>tumors pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ca. of Colon</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Secondary anemia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>2 yrs?</u>	
---	--	---	--	--	--	--	--

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>153X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>Hannibal Marion Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 Aug, 1950, to 6/30/53, 1953, that I last saw the deceased alive on June 29, 1953, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. W. Schaefer, M.D.</u>		(Degree or title) (City, town, or county) <u>Hannibal Mo.</u>		23c. DATE SIGNED <u>7/1/53</u>	
---	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/2/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	
				24d. LOCATION (City, town, or county) (State) <u>Hannibal Missouri</u>	

DATE REC'D BY LOCAL REG. <u>7/7/53</u>		REGISTRAR'S SIGNATURE <u>W. G. M. Lucke, Deputy</u>		FUNERAL DIRECTOR'S SIGNATURE <u>H. C. Fisher</u>	
		ADDRESS <u>184-0 (Licensed Embalmer's Statement on Reverse Side)</u>		ADDRESS <u>Hannibal Missouri</u>	

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

RECEIVED JUL 14 1953  
MARION CO. HEALTH DEPT.  
DATE FILED JUL 14 1953

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 John S Stand  
Licensed Embalmer No.: 4540

P. O. Address Hannibal Missouri

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.