

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

18036

State File No.

No. 300
10-48

FILED JUN 28 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 663

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Iowa		b. COUNTY Taylor	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN Bedford		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 1 day		e. STREET ADDRESS (If rural, give location) 9140 S			
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist Hospital					

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Karl	b. (Middle) Bean	c. (Last) Paschal	June 21, 1954		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 6, 1882		9. AGE (In years last birthday) 72
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist		10b. KIND OF BUSINESS OR INDUSTRY Dentistry		11. BIRTHPLACE (City and State or Foreign Country) Hawleyville, Iowa	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME C. M. Paschal		13b. MOTHER'S MAIDEN NAME unknown Bean		14. NAME OF HUSBAND OR WIFE Vera J. Paschal	
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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 none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Mrs. K.B. Paschal, Bedford, Iowa	
ADDRESS					

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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)			Myocardial Infarction			3 days		
ANTECEDENT CAUSES			Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			3 years		
DUE TO (b)			Coronary Atherosclerosis					
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		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
		4201					

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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.			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 6-20, 1954, to 6-21, 1954, that I last saw the deceased alive on 6-21, 1954, and that death occurred at 9:50 P. m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>		(Degree or title) M.D.		23b. ADDRESS 706 Francis, St. Joseph, Mo		23c. DATE SIGNED 6-23-54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 6/22/54		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Bedford, Iowa.	
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DATE REC'D BY LOCAL REG. June 24, 1954		REGISTRAR'S SIGNATURE <i>[Signature]</i>		485-		25. FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>		ADDRESS St. Joseph, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

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

OCT 13 1954

MAR 29 1957

Dr. Carle

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.....
Signature of Student Embalmer

Signed *W.E. Edwards*.....

Licensed Embalmer No. *4781*.....

P. O. Address *319 So. 1st St. J.*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.