

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1913

BIRTH NO. _____		REG. DIST. NO. <u>251</u>		PRIMARY REG. DIST. NO. <u>5653</u>		Registrar's No. <u>67</u>		
1. PLACE OF DEATH a. COUNTY <u>Nodoway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodoway</u>				
b. CITY OR TOWN <u>Wilcox</u>		c. LENGTH OF STAY (in this place) <u>8 months</u>		c. CITY OR TOWN <u>Wilcox</u>		d. STREET ADDRESS (If rural, give location) <u>0740</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>*</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCINA</u> b. (Middle) <u>E</u> c. (Last) <u>PARIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 31, 1955</u>					
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>March 30, 1859</u>		
9. AGE (In years last birthday) <u>95</u>		10. MONTH <u>10</u>		11. DAY <u>1</u>		12. IF UNDER 1 YEAR Hours <u>1</u> Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chillicothe, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Robert Stevens</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth Barnett</u>			14. NAME OF HUSBAND OR WIFE <u>Samual A. Paris</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ja, es Martin Wilcox, Mo.</u> 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis & decompensation</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease?</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>sterility</u>						
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) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</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 <u>Dec 6, 1954</u> to <u>Jan 31, 1955</u> that I last saw the deceased alive on <u>Jan 31, 1955</u> and that death occurred at <u>11:45 PM</u> from the causes and on the date stated above.								
23a. SIGNATURE <u>D. H. Byland</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Marvillie, Mo.</u>		23c. DATE SIGNED <u>2-3-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>2/3/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Tarkio, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>2-5-55</u>		REGISTRAR'S SIGNATURE <u>Bess Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Davis Funeral Home</u> ADDRESS <u>Tarkio, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

0740

FEB 16 1955

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

John M. Davis

Signed.....
Student Embalmer

Licensed Embalmer No. 2394

P. O. Address Tarkio, 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.