

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDR. PAULY  
State File No. 36579

FILED DEC 5 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 1084

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (in this place) <b>LIFE</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>750 S. CAMPBELL</b>		e. STREET ADDRESS (If rural, give location) <b>750 S. CAMPBELL</b>	

3. NAME OF DECEASED (Type or Print) <b>WILLIAM F. PAULY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>NOV. 29 1955</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 3 1876</b>	9. AGE (In years last birthday) <b>78</b>	IF UNDER 1 YEAR Months Days <b>78</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>BLDG. CONTRACTOR</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>SPRINGFIELD, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>JOHN F. PAULY</b>		13b. MOTHER'S MAIDEN NAME <b>SOPHIA IPSEN</b>		14. NAME OF HUSBAND OR WIFE <b>EVELYN PAULY</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>?</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>W.C. PAULY ROUTE # 9 SPRINGFIELD, MO.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Larynx</b>			INTERVAL BETWEEN ONSET AND DEATH <b>18 months</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertension - arteriosclerotic</b>			2 yrs
		DUE TO (c) <b>Heart disease</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>malnutrition 16/18</b>			

19a. DATE OF OPERATION <b>none</b>		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>none</b>		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) <b>none</b>		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 **1-22, 1954**, to **11-29, 1955**, that I last saw the deceased alive on **11-29, 1955**, and that death occurred at **5:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Paul, M.D.</b>		(Degree or title)		23b. ADDRESS <b>609 Cherry Springfield, Mo.</b>		23c. DATE SIGNED <b>11/30/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12/1/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HAZELWOOD</b>		24d. LOCATION (City, town, or county) (State) <b>SPRINGFIELD, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>11-30-55</b>		REGISTRAR'S SIGNATURE <b>Edith Williamson</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Edith Williamson</b>		ADDRESS <b>SPRINGFIELD, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *A. M. Cannon*.....

Licensed Embalmer No. *272*

P. O. Address *Springfield*

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.