

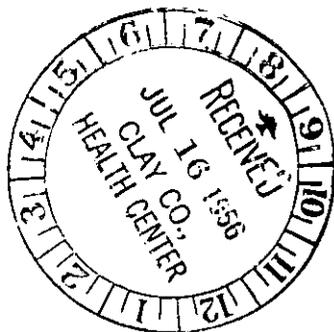
FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23133**

BIRTH NO.		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 52		
1. PLACE OF DEATH a. COUNTY CLAY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CLAY				
b. CITY (If outside corporate limits, write RURAL and give town) EXCELSIOR SPRINGS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN EXCELSIOR SPRINGS		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION EXCELSIOR SPRINGS HOSPITAL				STREET ADDRESS (If rural, give location) 310 WEST EXCELSIOR				
3. NAME OF DECEASED (Type or Print) a. (First) FRANCES			b. (Middle)		c. (Last) PAULLSON		4. DATE OF DEATH (Month) (Day) (Year) JUNE 21 1956	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JAN. 14, 1887		9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) KITCHEN EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY ROYAL GRILLE		11. BIRTHPLACE (City and State or Foreign Country) RICHMOND MO.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME WILLIAM PARKER			13b. MOTHER'S MAIDEN NAME FRANCES MUTTER		14. NAME OF HUSBAND OR WIFE WILLIAM PAULLSON			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 496-26-8128		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. FRANK SIEGEL R4 #1 EXCELSIOR SPRINGS MO.				
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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Congenitive Heart failure DUE TO (c) Hypertensive Heart Disease						10 days 2 months unknown	
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"/>		
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)		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 10 June, 1956 , to 21 June, 1956 , that I last saw the deceased alive on 21 June 5, 1956 and that death occurred at 3:25 A. M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ralph L. Nicholson, M.D.				23b. ADDRESS Excelsior Springs, Mo.		23c. DATE SIGNED 6/22/56		
24a. FUNERAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6-23-56	24c. NAME OF CEMETERY OR CREMATORY SOUTHPOINT CEM.		24d. LOCATION (City, town, or county) (State) ORRICK, MO.			
DATE REC'D BY LOCAL REG. 4/13/56		REGISTRAR'S SIGNATURE Baroline Stutzing		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Pritchard Funeral Home, Inc. Excelsior Springs, Missouri				

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



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 *Lindell Jarman*

Licensed Embalmer No. *458*
Excelsior Springs, Mo.
P. O. Address

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.