

Health,
Welfare
Public
Service

300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33203

FILED NOV 5 - 1956

STATE FILE NUMBER

68463-56 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1166

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN St. Joseph Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Shoal Township Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION St. Joseph's Hosp. 1 Day		d. STREET (If outside, give location) Reside on Farm ADDRESS 2 Mi. South Cameron Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Stanley Dean Pash First Middle Last			4. DATE OF DEATH October 29 1956 Month Day Year		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 7, 1956	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months 22 Days 22 Hours 22 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10b. KIND OF BUSINESS OR INDUSTRY Same	11. BIRTHPLACE (City and state or country) Cameron, Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Charles Dean Pash			14. MOTHER'S MAIDEN NAME Carol Strickland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Chas. Dean Pash, Cameron, Missouri		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia		INTERVAL BETWEEN ONSET AND DEATH 6 days 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Gastro-enteritis	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour 5 7 10 Month, Day, Year a. m. p. m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Clinton COUNTY Clinton STATE Missouri
21. I attended the deceased from 10/29/56 to 10/29/56 and last saw ^{her} _{him} alive on 10/29/56 . Death occurred at 1:45 p m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) Charles F. Shuck, M.D.	22b. ADDRESS 902 Edmund St., St. Joe, Mo.	22c. DATE SIGNED 10/30/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-3-1956	23c. NAME OF CEMETERY OR CREMATORY Coffey Cemetery	23d. LOCATION (City, town, or county) (State) Coffey, Missouri
24. FUNERAL DIRECTOR L. Richeson ADDRESS Hope Funeral Home, Gallatin, Mo.	25. DATE RECD. BY LOCAL REG. Nov. 2, 1956	26. REGISTRAR'S SIGNATURE Evelyn M. Allison	

(Licensed Embalmer's Statement on Reverse Side)

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 *L. O. Schesser*
.....

Licensed Embalmer No. *33*

P. O. Address *Gallatin*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.