FILED NOV 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36998
STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 5094 Registrar's No. 30

1. PLACE OF DEATH
a. COUNTY Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Osage Twp. 2 mi N. Rich Hill Mo. Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Highway 71 Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Kansas b. COUNTY Johnson
c. CITY OR TOWN Mission Kansas Inside Limits Yes ☐ No ☒
d. STREET ADDRESS 5636 Lamar (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Paul Middle John Last Pachlhofer

4. DATE OF DEATH Month Day Year ~~May 17 1956~~ Nov. 7 1956

5. SEX male 6. COLOR OR RACE white 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH May 17 1910 9. AGE (In years last birthday) 46 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) shoe salesman
10b. KIND OF BUSINESS OR INDUSTRY retail shoe
11. BIRTHPLACE (City and state or country) Lawrence Co Mo.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John A Pachlhofer
14. MOTHER'S MAIDEN NAME Thresa Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-22-2506
17. INFORMANT Leo Pachlhofer- 910 W Webster Springfield Mo. (Address)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) gunshot wound to head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) probabally self inflicted 976X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) found in River ditch- possibly had been in water 3 or 4 days
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year Nov 56
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ p. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Clovis Sirls (Degree or title) Sherriff-Acting 22b. ADDRESS coroner Butler Missouri 22c. DATE SIGNED 11/12/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 11-14-1956 23c. NAME OF CEMETERY OR CREMATORY Maple Park Cemetery 23d. LOCATION (City, town, or county) (State) Aurora Mo.

24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.
25. DATE RECD. BY LOCAL REG. 11-14-1956
26. REGISTRAR'S SIGNATURE Mrs. Edna Douglass.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., student Embalmer No. ....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... Robert D. Steinbeck

Licensed Embalmer No. 46

P. O. Address Butler,

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.