

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 casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED JAN 7 1957

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

41257

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 241

|   |                                   |   |  |   |  |   |  |   |
|---|-----------------------------------|---|--|---|--|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Henry</u>   |                                   |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Henry</u> |  |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <u>Clinton</u>  |                                   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>         | c. CITY<br>OR<br>TOWN <u>Chilhowee Rfd. 1,</u>  |  |   | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General Hosp.</u>  |                                   |   |  | Length of stay in lb. <u>1Wk.</u>   |  | d. STREET (If outside, give location) ADDRESS <u>Shawnee Township</u> |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print)<br>First <u>UEL</u> Middle <u>GARR</u> Last <u>PAUL</u>   |                                   |   |  | 4. DATE OF DEATH <u>Dec. 29, 1956</u><br>Month <u>Dec.</u> Day <u>29</u> Year <u>1956</u>   |  |   |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> |  | 8. DATE OF BIRTH<br><u>May 30, 1897</u>   |  | 9. AGE (In years last birthday)<br><u>59</u>                          | IF UNDER 1 YEAR<br>Months <u>6</u> Days <u>29</u>                                    | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>  |                                   |   | 10b. KIND OF BUSINESS OR INDUSTRY  |   | 11. BIRTHPLACE (City and state or country)<br><u>North Henry Co. Mo.</u> |   | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>   |   |
| 13. FATHER'S NAME<br><u>Samuel W. Paul</u>  |                                   |   |  | 14. MOTHER'S MAIDEN NAME<br><u>Buelah B. Carr</u>   |  |   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>  |                                   |   | 16. SOCIAL SECURITY NO.<br><u>None</u>   | 17. INFORMANT<br>Address<br><u>Mrs. Uel C. Paul, Chilhowee, Mo. R1</u>  |  |   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Conjunctive heart failure</u><br><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. }<br>DUE TO (b) <u>Endocarditis</u><br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) |                                   |   |  |   |  |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>2 AND 1/2</u><br><br><u>10yrs</u>             |   |
| 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<br>Hour _____<br>a. m. _____<br>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  |  | COUNTY  | STATE  |   |
| 21. I attended the deceased from <u>Jan 46</u> to <u>Dec 29, 56</u> and last saw <sup>him</sup> <del>her</del> alive on <u>Dec 29, 56</u><br>Death occurred at <u>8:25</u> P. m. on the date stated above; and to the best of my knowledge, from the causes stated.   |                                   |   |  |   |  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>James H. Smith M.D.</u>  |                                   |   |  | 22b. ADDRESS<br><u>106 S. Third Clinton, Mo.</u>  |  | 22c. DATE SIGNED<br><u>12/31/56</u>                                   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  | 23b. DATE<br><u>Dec. 31, 1956</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Carrsville Cemetery</u>  |  | 23d. LOCATION (City, town, or county) (State)<br><u>Chilhowee, Mo. Rural</u>  |  |   |  |   |
| 24. FUNERAL DIRECTOR<br><u>N. J. Tausant, Clinton, Mo</u>   |                                   |   | 25. DATE RECD. BY LOCAL REG.<br><u>12-31-56</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Mildred Bigum</u>                        |   |  |   |

(Licensed Embalmer's Statement on Reverse Side)

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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... *H.A. Tansant* .....

Licensed Embalmer No. *372*

P. O. Address... *Clinton*

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.