

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1911

STATE FILE NUMBER

FILED FEB 4 1957

Registration District No. 385 Primary Registration District No. 3039 Registrar's No. 205

| | | | | | |
|---|---------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Linn</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Marceline Twns</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | c. CITY OR TOWN <u>Marceline Twns</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Marceline Twns</u> | | Length of stay in lb <u>4.2 Years</u> | d. STREET ADDRESS (If outside, give location) <u>Marceline Twns</u> | | Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) <u>JOHN HENRY PAALHAR</u> First Middle Last | | | 4. DATE OF DEATH <u>Jan-10-1957</u> Month Day Year | | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>R</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Oct-8-1886</u> | 9. AGE (In Years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>3</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u></u> Min. <u></u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and state or country) <u>Linn Co Missouri U. S. A.</u> | |
| 13. FATHER'S NAME <u>Herman Paalhar</u> | | | 14. MOTHER'S MAIDEN NAME <u>Emma Andres</u> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) | | 16. SOCIAL SECURITY NO. <u>491-42-4689</u> | | 17. INFORMANT <u>Mary Paalhar Brookfield Mo</u> Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Embolism</u> DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Pneumonia heart disease</u> 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 <u>Acute - 2 days</u> <u>10 years</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>—</u> | | | |
| 20c. TIME OF INJURY Hour <u>—</u> Month <u>—</u> Day <u>—</u> Year <u>—</u> a. m. <u>—</u> p. m. <u>—</u> | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u> | | | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from <u>5-2-49</u> to <u>1-10-57</u> and last saw her/him alive on <u>1-10-57</u> Death occurred at <u>6 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <u>R. W. Bohms D.D.</u> | | | 22b. ADDRESS <u>Brookfield Mo.</u> | | 22c. DATE SIGNED <u>1-11-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>1-12-1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>St Michael Linn</u> | | 23d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u> |
| 24. FUNERAL DIRECTOR <u>J. W. Blacklock Brookfield Mo</u> ADDRESS | | 25. DATE RECD. BY LOCAL REG. <u>1-12-57</u> | | 26. REGISTRAR'S SIGNATURE <u>Brookie Owens</u> | |

(Licensed Embalmer's Statement on Reverse Side)

path, public health service

300 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. 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

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 *J. W. Blacklock*

Licensed Embalmer No. *221*

P. O. Address *Brookfield*

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.