

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-014792  
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 167 Primary Registration District No. 4256 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY JOHNSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HOLDEN		c. CITY OR TOWN HOLDEN	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION North Main St.,		d. STREET ADDRESS (If outside, give location) North Main St.,	
3. NAME OF DECEASED (Type or print) First MERRL Middle PAUL Last PAUL		4. DATE OF DEATH April 7, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 6, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant		10b. KIND OF BUSINESS OR INDUSTRY retail store	9. AGE (In years last birthday) 71
11. BIRTHPLACE (City and state or country) Holden, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James Perry Paul		13b. MOTHER'S MAIDEN NAME Amanda Lane	
14. NAME OF HUSBAND OR WIFE Mary Paul		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes WW #1	
16. SOCIAL SECURITY NO. 495-01-5857		17. INFORMANT Mary Paul, Holden, 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) <i>Acute Coronary Thrombosis</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 minutes</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			4201
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 type="checkbox"/> NO <input checked="" 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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <i>None</i> to _____ and last saw her/him alive on _____ Death occurred at <i>5:10 A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>R Jones D.O.</i>		22b. ADDRESS <i>Holden Mo</i>	
22c. DATE SIGNED <i>4-7-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	
23b. DATE <i>4/9/1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Holden Cemetery</i>	
23d. LOCATION (City, town, or county) <i>Holden, Missouri</i>		23e. (State)	
24. FUNERAL DIRECTOR <i>Canaday &amp; Ropp, Holden, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>Apr. 15 - 1958</i>	
26. REGISTRAR'S SIGNATURE <i>Mrs H O Redford</i>			

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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JUN 1 1958

APR 22 1958

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 *W. J. Canaday* \_\_\_\_\_

Licensed Embalmer No. 3434

P. O. Address.. Holden, Missouri

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.