

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018650

STATE FILE NUMBER

FILED JUN 11 1958 Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 231

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1520 E. Alton			Length of stay in lb 35 yrs.		d. STREET ADDRESS (If outside, give location) 1520 E. Alton		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) MR. FREDERICK JOSEPH PARADIS				4. DATE OF DEATH Month May Day 26 Year 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 June 16, 1877		9. AGE (In years last birthday) 80		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired from Armour & Co.	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Ottumwa, Iowa /			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Sam Paradis				14. MOTHER'S MAIDEN NAME Unknown				
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. unknown		17. INFORMANT Mrs. Pearl Paradis Address 1520 E. Alton, Indep., Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis DUE TO (c) 4201							INTERVAL BETWEEN ONSET AND DEATH 18 days	
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"/> 2	
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 5:28 Month 5 Day 26 Year 1958 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		COUNTY STATE		
21. I attended the deceased from 5-6-58 to 5-26-58 and last saw him alive on 5-22-58 Death occurred at 11:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Shawn Grabske & Link				22b. ADDRESS 10901 Winner, Indep., Mo.		22c. DATE SIGNED 5-26-58		
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)			
Burial		May 28, 1958	Woodlawn		Indep., Mo.			
24. FUNERAL DIRECTOR Ott & Mitchell ADDRESS Indep., Mo.			25. DATE RECD. BY LOCAL REG. 5-28-58		26. REGISTRAR'S SIGNATURE James Craig			

(Licensed Embalmer's Statement on Reverse Side)

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Dactor, 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

AUG 22 1958

JUN - 9 1958

JUN 12 1958

JUN 18 1958

AUG 29 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 *[Handwritten Signature]*

Licensed Embalmer No. *313*

P. O. Address *[Handwritten Address]*

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.