

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024942

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 5292 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <b>CLAY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>CLAY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>PLATTE TOWNSHIP</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>SMITHVILLE 6000</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>HOME</b>	Length of stay in 1b	d. STREET ADDRESS <b>PLATTE TOWNSHIP</b>	(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>HENRY</b> Middle <b>R.</b> Last <b>PAULI</b>			4. DATE OF DEATH Month <b>JULY</b> Day <b>II</b> Year <b>1958</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>JUNE 25, 1897</b>		9. AGE (In years last birthday) <b>61</b> IF UNDER 1 YEAR Months <b>0</b> Day <b>16</b> IF UNDER 24 HRS. Hours <b></b> Min. <b></b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AUTO REPAIR MAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>GAROWNER &amp; MNGR.</b>		11. BIRTHPLACE (City and state or country) <b>CHILLICOTHE, MO.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		13a. FATHER'S NAME <b>ADOLPHUS PAULI</b>		13b. MOTHER'S MAIDEN NAME <b>BERTHA FUCHS</b>	
14. NAME OF HUSBAND OR WIFE <b>GAYLE MYERS PAULI</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give service) <b>YES WORLD WAR I</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>MRS. H.R. PAULI, SMITHVILLE, MO</b>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Occlusion (Acute)</b>		INTERVAL BETWEEN ONSET AND DEATH	

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_ DUE TO (c) \_\_\_\_\_

PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **4201**

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 _____ 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 \_\_\_\_\_, to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (In case of title) **D.S. Pate MD** 22b. ADDRESS **North Kansas City, Mo** 22c. DATE SIGNED **7/12/58**

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>7-14-1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>
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24. FUNERAL DIRECTOR <b>McCOMAS FUNERAL HOME,</b>	ADDRESS <b>SMITHVILLE, MO.</b>	25. DATE RECD. BY LOCAL REG. <b>7-14-58</b>	26. REGISTRAR'S SIGNATURE <b>Marguerite Hudgens</b>
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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

JUL 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 *Donald W. Hanks* .....

Licensed Embalmer No. *4528* .....

P. O. Address *Smithville, Mo.* .....

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.