

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH AND HIGHER EDUCATION
STANDARD CERTIFICATE OF DEATH

58-039755
STATE FILE NUMBER

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 84
FILED DEC 9 1958

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, give TOWNSHIP only) West Plains		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN West Plains <u>0461</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 residence		Length of stay in lb 37 yrs	d. STREET ADDRESS (If outside, give location) 424 East Main St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MINNIE Middle ETHEL Last PARIS			4. DATE OF DEATH Month Nov. Day 24 Year 1958		
--	--	--	--	--	--

5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 26, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
-------------------------	----------------------------------	---	--	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker & mfg.	10b. KIND OF BUSINESS OR INDUSTRY Coca Cola Bott.	11. BIRTHPLACE (City and state or country) Memphis, Tenn	12. CITIZEN OF WHAT COUNTRY? USA
--	---	--	--

13a. FATHER'S NAME William Lewis	13b. MOTHER'S MAIDEN NAME Nancy Frances Holloway	14. NAME OF HUSBAND OR WIFE Samuel W. Paris
--	--	---

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. 497-30-1780	17. INFORMANT Address Henry Paris, West Plains, 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) Broncho-pneumonia INTERVAL BETWEEN ONSET AND DEATH 5 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Chronic myocarditis 2 yrs.
	DUE TO (c) Arteriosclerosis 15 yrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4221	
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 West Plains, Mo.	COUNTY Howell	STATE Missouri
---	--	---	-------------------------	--------------------------

21. I attended the deceased from **June 6, 1950** to **Nov. 24, 1958** last saw her/him alive on _____
Death occurred at **7:15 p.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dr. Callihan M.D. (Dee or title)	22b. ADDRESS West Plains, Mo.	22c. DATE SIGNED 11-26-58
---	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Nov. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) West Plains, Missouri
--	-----------------------------------	--	---

24. FUNERAL DIRECTOR Selma Carter	ADDRESS CARTER FUNERAL HOME WEST PLAINS, MO.	25. DATE RECD. BY LOCAL REG. 12-4-58	26. REGISTRAR'S SIGNATURE Beatrice Cook
---	---	--	---

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

300
-57

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 *Hal Homburg*

Licensed Embalmer No. *3408*
CARTER FUNERAL HOME
WEST PLAINS, MO.
P. O. Address

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.

DEC 11 1958