

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046992

STATE FILE NUMBER

FILED JAN 6 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 246

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1-57

1. PLACE OF DEATH a. COUNTY <u>Nevada</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY OR TOWN <u>Nevada</u>		c. CITY OR TOWN <u>Carthage</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Hanlove West Home</u>		d. STREET ADDRESS <u>Route # 2</u>	

3. NAME OF DECEASED (Type or print) First Middle Last <u>William J. Paul</u>			4. DATE OF DEATH Month Day Year <u>Dec. 23, 1958</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>March 4, 1871</u>	9. AGE (In years last birthday) <u>87</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ret & farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Jasper Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. U.</u>
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13a. FATHER'S NAME <u>Osburn Paul</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Ann Moler</u>	14. NAME OF HUSBAND OR WIFE <u>Anna Paul</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs. H. J. Perkins, Nevada, Mo.</u>
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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>Cerebral vascular accident</u>	INTERVAL BETWEEN ONSET AND DEATH <u>48 hours.</u>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Bilateral bronchial pneumonia</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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
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21. I attended the deceased from <u>Nov. 24, 1953</u> , to <u>Dec. 23, 1958</u> and last saw ^{xxx} alive on <u>Dec. 23, 1958</u> Death occurred <u>6:00</u> <u>Nevada, Missouri</u> P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>W. M. Carr</u> <u>W. M. Carr, M. D.</u>	22b. ADDRESS <u>Moore Bldg., Nevada, Missouri</u>	22c. DATE SIGNED <u>1/2/1959</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stone Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Newton Co. Missouri</u>
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24. FUNERAL DIRECTOR <u>Wmmer Funeral Home, Carthage, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12-31-1958</u>	26. REGISTRAR'S SIGNATURE <u>Anna E. Jurey</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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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 *Edwin S. [Signature]*

Licensed Embalmer No. *1955*
P. O. Address *Patuxent*

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.