

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-000146
STATE FILE NUMBER

FILED FEB 9 1959 Registration District No. 17 Primary Registration District No. 3005 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Bates)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RFD Amoret Mo. Butler		c. CITY OR TOWN RFD Amoret Mo. 0070	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler Memorial Hosp.		d. STREET ADDRESS (If outside, give location) Charlott Twp.	
3. NAME OF DECEASED (Type or print) Holly F. Pahlman		4. DATE OF DEATH Month January Day 30 Year 1959	
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 Feb 23 1893
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY general farming	11. BIRTHPLACE (City and state or country) Bates Co. Mo.
13a. FATHER'S NAME George Pahlman		13b. MOTHER'S MAIDEN NAME Judith Dutton	14. NAME OF HUSBAND OR WIFE Myrtle Pahlman
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.	17. INFORMANT Address Mrs Charles E Smith-Butler 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) Enter hard obstructed - Carcinoma of Prostate - with Carcinomatous -			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) _____			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 _____ Month, Day, Year _____ a.m. _____ p.m. _____		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Jan 16-59 to Jan 30-59 and last saw him alive on Jan 29-59 Death occurred at 2:45 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
23a. SIGNATURE (Degree or title) James A. Lusk Jr. M.D.		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED Jan. 30-59			
23a. BURIAL, CREMATION, REMOVAL, ETC. (Specify) Burial		23b. DATE Feb 1/59	
23c. NAME OF CEMETERY OR CREMATORY Virginia Cemetery		23d. LOCATION (City, town, or county) (State) Bates Rural Missouri	
24. FUNERAL DIRECTOR ADDRESS Culver Underwood-Butler Mo.		25. DATE RECD. BY LOCAL REG. Feb 1-1959	
		26. REGISTRAR'S SIGNATURE Rendall Korum	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

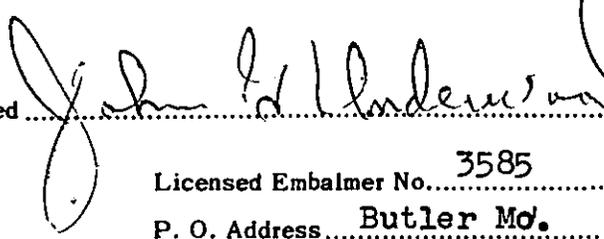
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LUSH

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 

Licensed Embalmer No. 3585
P. O. Address Butler 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.