

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-002329
STATE FILE NUMBER

FILED JAN 23 1959 Registration District No. 2167 Primary Registration District No. 5902 Registrar's No. 13

300

1-57

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pemiscot	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hayti		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Hayti c791
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. 1		Length of stay in lb 3 Yrs.	d. STREET ADDRESS (If outside, give location) R. R. 1
3. NAME OF DECEASED (Type or print) First Middle Last Wallace William Paek			4. DATE OF DEATH Month Day Year Jan. 16, 1959
5. SEX Male C	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 2-28-1897
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY X	9. AGE (In years at birthday) IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min. 61
11. BIRTHPLACE (City and state or country) Sewanee, Tenn.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Paek		13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Pearl Paek
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) No X		16. SOCIAL SECURITY NO. X	17. INFORMANT Address Polly Green Winchester, Tenn.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Unknown- this man died at home with-out medical attention. No foul play involved.			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) _____ 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)			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.) 7954	
20c. TIME OF INJURY Hour Month, Day, Year 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 alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James G. Palmer Coroner		22b. ADDRESS Hayti, Mo.	22c. DATE SIGNED 1-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-16-59	23c. NAME OF CEMETERY OR CREMATORY Odear Cemetery	23d. LOCATION (City, town, or county) (State) Sewanee, Tenn.
24. FUNERAL DIRECTOR ADDRESS Osborn Funeral Home, Hayti, Mo.		25. DATE RECD. BY LOCAL REG. 1-16-59	26. REGISTRAR'S SIGNATURE John W. Lerner

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 James A. DeLeon

Licensed Embalmer No. 4185

P. O. Address Hayti, 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.