

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-004873

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 33

300  
1-57

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

1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Platte</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>N.K.C. Mo.</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Platte City 0830</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR <u>North Kansas City</u> INSTITUTION <u>Memorial Hospital</u>			Length of stay in lb <u>5 days</u>	d. STREET ADDRESS <u>Rt# 1</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Maud</u> Middle <u>T.</u> Last <u>Paulovich</u>				4. DATE OF DEATH Month <u>2</u> Day <u>20</u> Year <u>59</u>				
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>11-22-1874</u>		9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	11. BIRTHPLACE (City and state or country) <u>Mobile Ala</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		
13. FATHER'S NAME <u>John C. Tardy</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Broughton</u>		14. NAME OF HUSBAND OR WIFE <u>Frank Paulovich</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give date of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Name <u>Dorothy Young</u> Address <u>Platte City, Mo</u>				
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>Circulatory failure acute &amp; chronic</u>							INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) <u>aortic stenosis, marked calcific</u>				<u>20 yrs</u>	
			DUE TO (c) <u>Healed rheumatic valvulitis</u>				<u>50 yrs</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac Hypertrophy, massive</u>							19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 <u>    </u> Month, Day, Year a.m. <u>    </u> p.m. <u>    </u>								
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK AT WORK		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 <u>July 5, 1955</u> , to <u>2-20-59</u> and last saw her <u>alive</u> on <u>2-20-59</u> Death occurred at <u>11 P</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>H. Thurman MD</u> (Degree or title)				22b. ADDRESS <u>11 East Parkville, Mo</u>		22c. DATE SIGNED <u>2-21-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>Feb 22-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pine Crest</u>		23d. LOCATION (City, town, or county) <u>Mobile Ala</u>		(State)	
24. FUNERAL DIRECTOR <u>L. Francis Parkville</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>2-21-59</u>		26. REGISTRAR'S SIGNATURE <u>Marguerite Hudgens</u>			



MAR 9 1959

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 Laddon C. Francis, Student Embalmer No. 570

working under my personal supervision.

Student Laddon C. Francis  
Signature of Student Embalmer

Signed Leland H. Francis  
401 Main  
Licensed Embalmer No. 2451  
P. O. Address Parkville 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.