Health, Welfare ublic ervice

300
-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010235
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 236 Primary Registration District No. 5818 Registrar's No. 11

1. PLACE OF DEATH
a. COUNTY Morgan
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Moreau Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 4 M.S. Versailles — Length of stay in 18 30 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Morgan
c. CITY OR TOWN Versailles — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 4 M. S. Versailles — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First George Middle John Last Henry Paradise
4. DATE OF DEATH Month Mar. Day 7. Year 1959
5. SEX Male
6. COLOR OR RACE Cau.
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Jan. 18. 1878
9. AGE (In years last birthday) 81 — 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) Oldenburg. Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Henry Paradise
13b. MOTHER'S MAIDEN NAME Anna Stigge
14. NAME OF HUSBAND OR WIFE Anna Bredehoft Paradise
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 500-10-571
17. INFORMANT Mrs Catharine Koop Address Jansen, Nebr.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Inanition and debilitation — INTERVAL BETWEEN ONSET AND DEATH 8 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis — 5 months
DUE TO (c) Primary carcinoma of Sigmoid Colon — 1 year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1533
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 February 2,1959 to March 6,1959 and last saw him alive on March 6,1959
Death occurred at 10:45 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE P.F. Tekhoff (Degree or title) D.O.
22b. ADDRESS Versailles, Missouri
22c. DATE SIGNED 3-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 10 Mar. 59
23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetery
23d. LOCATION (City, town, or county) (State) Versailles, Mo.

24. FUNERAL DIRECTOR Kidwell Funeral Home ADDRESS Versailles Mo. (Licensed Embalmer's Statement on Reverse Side)
25. DATE RECD. BY LOCAL REG. 3/14/59
26. REGISTRAR'S SIGNATURE J. L. Wash

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Raymond C. Harber

Licensed Embalmer No. 4626

P. O. Address Versailles,

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.