

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014049
STATE FILE NUMBER

FILED APR 27 1959 Registration District No. 184 Primary Registration District No. 5688 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Linn			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE So. Dak. b. COUNTY Codington		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bucklin, Town.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Watertown, 9409		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION U.S. Hi-Wy #36-west, Bucklin Jnc.		Length of stay in 1b	d. STREET ADDRESS 801 N. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last (Dick) Richard C. Paulson			4. DATE OF DEATH Month Day Year Apr. 17, 1959		
5. SEX male <input checked="" type="radio"/>	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-19-1937		9. AGE (In years last birthday) 21
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) College Student		10b. KIND OF BUSINESS OR INDUSTRY College	11. BIRTHPLACE (City and state or country) Watertown, So. Dak.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME M. R. Paulson		13b. MOTHER'S MAIDEN NAME Esther Clement		14. NAME OF HUSBAND OR WIFE none	
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. 503-34-9214	17. INFORMANT Address M. R. Paulson, Watertown, So. Dak.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple Injuries					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) _____
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"/>
20a. ACCIDENT <input checked="" 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.) Head on collision on Highway 36 west of Bucklin Junction 0.58		
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.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at 7:50 PM on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) James B. McChesed Corcoran 3			22b. ADDRESS Brookfield Mo		22c. DATE SIGNED 4/17/59
23a. BURIAL CREMATION, Removal (Specify)		23b. DATE Apr. 18, 1959	23c. NAME OF CEMETERY OR CREMATORY Waseca Cemetery		23d. LOCATION (City, town, or county) (State) Waseca, Minn.
24. FUNERAL DIRECTOR Larson Funeral Service, Bucklin, Mo.			25. DATE RECD. BY LOCAL REG. Apr. 18, 1959		26. REGISTRAR'S SIGNATURE Katharine Johnson Dep

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their report. 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 *E. A. Larson*

Licensed Embalmer No. 4037 P. O. Address Bucklin, Missouri

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.