

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022427

STATE FILE NUMBER

FILED JUL 8 1959 Registration District No. 278 Primary Registration District No. 3054 Registrar's No. 92

Health, Welfare
Public
Service

300
1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN LOUISIANA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE CO. HOSPITAL		Length of stay in 1b 20 YRS.	d. STREET (If outside, give location) 600 MARYLAND ST.
3. NAME OF DECEASED (Type or print) HARRISON ELBE PAUL		4. DATE OF DEATH JUNE 29, 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 JUNE 29, 1890
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASST. POSTMASTER		10b. KIND OF BUSINESS OR INDUSTRY POST OFFICE	11. BIRTHPLACE (City and state or country) PIKE CO MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME LEVI-LEE PAUL	
14. MOTHER'S MAIDEN NAME SARAH KATHERINE JONES		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. NONE		17. INFORMANT MRS. H.E. PAUL-LOUISIANA 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) Coronary Artery Occlusion DUO TO (b) arteriosclerotic Cardiovascular Dis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Due to (c) None			INTERVAL BETWEEN ONSET AND DEATH 1 wk 17 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) Diverticulosis of Sigmoid Colon 4281			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a. m. p. m. -----			1
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 1952 to 6-29-59 and last saw him alive on 6-29-59 Death occurred at 9:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Chas H. Twellen M.D.		22b. ADDRESS Louisiana, Missouri	22c. DATE SIGNED 6-30-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JULY 1, 1959	23c. NAME OF CEMETERY OR CREMATORY RIVERVIEW-CEM.	23d. LOCATION (City, town, or county) LOUISIANA (State) MO
24. FUNERAL DIRECTOR ADDRESS COLLIER FUNERAL SERVICE LOUISIANA MO		25. DATE RECD. BY LOCAL REG. June 30, 1959	26. REGISTRAR'S SIGNATURE Twellen, Collier

(Licensed Embalmer's Statement on Reverse Side)

JUL 14 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, Student Embalmer No. working under my personal supervision..

Student

Signature of Student Embalmer

Signed: *Geo. M. Callahan*

Licensed Embalmer No. *38*

P. O. Address *Louisiana*

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.