

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS JUL 21 1959 /60

59-025681

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Registration District No. _____ Primary Registration District No. 3030 Registrar's No. _____

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Festus		c. CITY OR TOWN Festus	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 208 North Mill St.		d. STREET ADDRESS (If outside, give location) 208 North Mill St.	

3. NAME OF DECEASED (Type or print) First Anna Middle Marie Last Paillet	4. DATE OF DEATH Month July Day 5 Year 1959
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5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH April 15, 1877	9. AGE (last birthday) 82	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Harrisburg, Pa.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME William Schuerer	13b. MOTHER'S MAIDEN NAME Anna Fugmann	14. NAME OF HUSBAND OR WIFE Eugene Paillet
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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 Charles R. Schuerer, 5219 Lindenwood, Address St. Louis
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <i>Myocardial Regurgitation</i>		<i>20 years</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <i>Hypertension Malignant</i>	<i>5 years</i>
	DUE TO (c) <i>Nephritis Chronic</i>	<i>5 years</i>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input 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.)
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20c. TIME OF INJURY Hour 6 a.m. Month, Day, Year July 5 '59

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 Festus Mo	COUNTY	STATE
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21. I attended the deceased from *May 20/39* to *July 5/59* and last saw her/him alive on *July 1-59*
Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Harry Goskit M.D.</i>	(Degree or title)	22b. ADDRESS <i>Festus Mo</i>	22c. DATE SIGNED <i>7/8/59</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Roselawn Memorial	23d. LOCATION (City, town, or county) Crystal City, Mo.
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24. FUNERAL DIRECTOR Vinyard Fun'l Homes, Inc., Festus, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>7-8-59</i>	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Heith B. Vinson

Licensed Embalmer No. 4976

P. O. Address Festus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.

Harry Yoskit, M.D.