

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-009042

FILED VS MAR 13 1961 49

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. 985

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jackson		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		a. STATE Missouri		COUNTY Jackson	
Length of stay in lb 11 years		c. CITY OR TOWN Kansas City		d. STREET ADDRESS 5542 Park		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Ethel		Middle Josephine		Last Pausch		Month Day Year Feb. 24, 1961	
5. SEX female	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 11-8-1916	9. AGE (last birthday) 44	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) school teacher		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (City and state or country) Warrensburg, Mo.		12. CITIZEN OF WHAT COUNTRY U. S.	
13a. FATHER'S NAME August Charles Pausch			13b. MOTHER'S MAIDEN NAME Bertha Burk			14. NAME OF HUSBAND OR WIFE ---	
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.		17. INFORMANT Address Bertha Chrosley 5542 Park			
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) Hypostatic Pneumonia						1 day	
DUE TO (b) Astrocytoma, Left Parietal						Undetermined	
DUE TO (c)							
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	
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.)			
20c. TIME OF INJURY Hour a.m. p.m.		Month, Day, Year					
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 June 1957 to Feb. 24, 1961 and last saw her ^{her} him alive on Feb. 23, 1961 Death occurred at 1:15 AM m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) James D. Dunleavy M.D.				22b. ADDRESS 914 Withman Bldg, KC Mo		22c. DATE SIGNED 2-24-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE 2-26-61	23c. NAME OF CEMETERY OR CREMATORY Sunset Hill		23d. LOCATION (City, town, or county) (State) Warrensburg, Mo.		
24. FUNERAL DIRECTOR ADDRESS Sweeney-Phillips Warrensburg, Mo.			25. DATE RECD. BY LOCAL REG. 2-24-61	26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF
James D. Dunleavy

VS MAR 18 1961

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.