

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010241

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED **FILED MAR 28 1961** Registration District No. **297** Primary Registration District No. **6022** Registrar's No. **37**

| | | | |
|---|---|---|---|
| 1. PLACE OF DEATH a. COUNTY Ray | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Ray | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond TWSP | | Length of stay in 1b 2 Hrs. | c. CITY OR TOWN Orrick |
| c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION Ray County Memorial Hospital | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) Orrick, Missouri |
| 3. NAME OF DECEASED (Type or print) First Ethel Middle Mae Last Paulson | | | 4. DATE OF DEATH Month Mar. Day 21 Year 1961 |
| 5. SEX Female | 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 12-5-1887 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 74 |
| 11. BIRTHPLACE (City and state or country) Orrick, Missouri | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | |
| 13a. FATHER'S NAME James W. Bogart | | 13b. MOTHER'S MAIDEN NAME Clarrissa Frakes | 14. NAME OF HUSBAND OR WIFE Elmer A. Paulson |
| 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 Husband Address Orrick, Missouri |
| 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 | | | INTERVAL BETWEEN ONSET AND DEATH Sudden |
| 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) | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |
| 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 _____ 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 7-4-60 to 3-27-61 and last saw ^{her} _{him} alive on 3-21-61 Death occurred at 17:50 am on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Thomas B. Cash | | 22b. ADDRESS Richmond, Missouri | 22c. DATE SIGNED 3/23/61 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 3-23-1961 | 23c. NAME OF CEMETERY OR CREMATORY South Point Cemetery | 23d. LOCATION (City, town, or county) Orrick, Missouri (State) |
| 24. FUNERAL DIRECTOR Wilbur McAfee | | ADDRESS Orrick, Missouri | 25. DATE RECD. BY LOCAL REG. 3-23-1961 |
| | | 26. REGISTRAR'S SIGNATURE Maluel Jackson | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

APR 18 1967

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 John Barley

Licensed Embalmer No. 4308

P. O. Address Liberty, Mo

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.