

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-018558

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 277 Primary Registration District No. 4411 Registrar's No. 15

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUN 6 1961

1. PLACE OF DEATH
 a. COUNTY Pike
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Bowling Green Length of stay in lb Lifetime
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 519 W. Locust Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
 a. STATE Missouri b. COUNTY Pike
 c. CITY OR TOWN Bowling Green Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 519 W. Locust Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First Ida Middle Eular Last Paschal 4. DATE OF DEATH Month June Day 7 Year 1961

5. SEX Female 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 10-28-65 9. AGE (last birthday) 95 IF UNDER 1 YEAR IF UNDER 24 HR
 Months 7 Days 3 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY none 11. BIRTHPLACE (City and state or country) Pike County Mo. 12. CITIZEN OF WHAT COUNTRY US

13a. FATHER'S NAME James B. Carver 13b. MOTHER'S MAIDEN NAME Lizzie Unsell 14. NAME OF HUSBAND OR WIFE James W. Paschal
 Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. none 17. INFORMANT Unsell Paschal Bowling Green, Mo
 Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Medullary Paralysis
 DUE TO (b) Cerebratory failure
 DUE TO (c) Senility
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

INTERVAL BETWEEN ONSET AND DEATH
minutes
months
years

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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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
 s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 1-23-61 to 6-1-61 and last saw her alive on 6-1-61
 Death occurred at 9:00 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deed or title) Robert G. Brooks D.O. 22b. ADDRESS Bowling Green, Mo 22c. DATE SIGNED 6-3-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 6-4-61 23c. NAME OF CEMETERY OR CREMATORY Mt. Pisgah Cemetery 23d. LOCATION (City, town, or county) (State) Bowling Green, Missouri

24. FUNERAL DIRECTOR J. O. Mudd ADDRESS Bowling Green, Mo. 25. DATE RECD. BY LOCAL REG. June 3, 1961 26. REGISTRAR'S SIGNATURE Maidee C. Williams

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 Jawad O. Mudd

Licensed Embalmer No. 4152

P. O. Address Baerling Exe

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.