

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-032235

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 101

AMENDED **FILED OCT 9 1961**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Platte	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty		Length of stay in 1b 6 days	c. CITY OR TOWN Platte City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION IOOF Hospital		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Platte City Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Paul Middle Pasley Last Pasley			4. DATE OF DEATH Month September Day 30 Year 1961				
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 3-29-1890	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months 71 Days 0 Hours 0 Min. 0		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired merchant		10b. KIND OF BUSINESS OR INDUSTRY general merchandise		11. BIRTHPLACE (City and state or country) Readsville, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Larkin S. Pasley		13b. MOTHER'S MAIDEN NAME Anna E. Oliver		14. NAME OF HUSBAND OR WIFE Anna Gertrude Pasley			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW I	16. SOCIAL SECURITY NO. WW 1	17. INFORMANT Anna G. Pasley	Address Platte City, Mo.
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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: IMMEDIATE CAUSE (a) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
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 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 2:30 a.m. Month, Day, Year Sept 20		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Liberty Mo	COUNTY Mo STATE Mo
21. I attended the deceased from Sept 20 to Sept 30 and last saw ^{her} him alive on Sept 30 Death occurred at 2:30 am on the date stated above, and to the best of my knowledge, from the causes stated.			

22a. SIGNATURE Wm J Goodson MD	(Degree or title)	22b. ADDRESS Liberty Mo	22c. DATE SIGNED 10/2/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct. 2, 1961	23c. NAME OF CEMETERY OR CREMATORY Camden Point Cemetery	23d. LOCATION (City, town, or county) Camden Point, Missouri
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24. FUNERAL DIRECTOR Pasley Funeral Home	ADDRESS Liberty, Mo.	25. DATE RECD. BY LOCAL REG. 10-5-61	26. REGISTRAR'S SIGNATURE Mabel Graham
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

DATE AMENDED

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

OCT 18 1961

OCT 10 1961

NOV 8 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 Charles T. Tyler

Licensed Embalmer No. 4534

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.