

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-004967

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 362 Primary Registration District No. 6237 Registrar's No. 3

STATE FILE NUMBER

FILED JAN 17 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1090
2 1090
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Warren</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Warren</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Hickory Grove</u> | | Length of stay in 1b <u>15 years</u> | c. CITY OR TOWN <u>Wright City</u> |
| c. FULL NAME OF (If NOT in hospital, give location) <u>3 mi. so. Wright City</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>RFD #1</u> |
| 3. NAME OF DECEASED (Type or print) First <u>Ernst</u> Middle <u>Heinrich H.</u> Last <u>Pauk</u> | | 4. DATE OF DEATH Month <u>Jan.</u> Day <u>4</u> Year <u>1963</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12-29-1871</u> |
| 9. AGE (last birthday) <u>91</u> | | 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) <u>Farmer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u> | 11. BIRTHPLACE (City and state or country) <u>Lippstadt, Mo</u> |
| 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | | 13a. FATHER'S NAME <u>Ernst Pauk</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>Wilhelmine Requat</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emma Edler</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>[Redacted]</u> | |
| 17. INFORMANT Address <u>Orgain Pauk, Warrenton, Mo.</u> | | 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Occlusion, acute</u> DUE TO (b) <u>Generalized arteriosclerosis with arteriosclerotic heart disease.</u> 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 _____ 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 <u>Warrenton, Mo.</u> | | COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>2-15-58</u> to <u>1-4-63</u> and last saw <u>him</u> alive on <u>1-4-63</u> Death occurred at <u>1:30 P.</u> m. on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE (Degree or title) <u>[Signature]</u> | |
| 22b. ADDRESS <u>Warrenton, Missouri</u> | | 22c. DATE SIGNED <u>1-5-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Jan. 6, 1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lippstadt Church</u> |
| 23d. LOCATION (City, town, or county) <u>Warrenton, Mo.</u> | | (State) _____ | |
| 24. FUNERAL DIRECTOR <u>F.W. Nieburg & Co.</u> | | ADDRESS <u>Warrenton, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>Jan. 5, 1963</u> |
| 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> | | | |

USE BLACK INK OR TYPEWRITER RIBBON

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 E. Nerlinger

Licensed Embalmer No. 66409

P. O. Address Warrenton, 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.