MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

469 63-036830

STATE FILE NUMBER

Registration District No. 38d Primary Registration District No. ~~3044~~ 3039 Registrar's No. #69

FILED OCT 2 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Marceline — Length of stay in 1b: 3 months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Macon
c. CITY OR TOWN: New Cambria — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): South City limits. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: George — Middle: Harry — Last: Pahl
4. DATE OF DEATH: Month: September — Day: 21, — Year: 1963

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8/20/08
9. AGE (last birthday): 55 yrs. — IF UNDER 1 YEAR: Months 1, Days 1 — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (City and state or country): Grand Island, Nebr.
12. CITIZEN OF WHAT COUNTRY: U.S.

13a. FATHER'S NAME: Jacob Pahl
13b. MOTHER'S MAIDEN NAME: Cicilia Ott
14. NAME OF HUSBAND OR WIFE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. — (If yes, give war or dates of [redacted]
16. SOCIAL SECURITY NO.: [redacted]69
17. INFORMANT: Mrs. Helen Munn, New Cambria, Mo. — Address

18. CAUSE OF DEATH (Enter only one cause per [redacted]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Sarcoma c Metastasis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

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 a.m. p.m. — Month, Day, Year
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 ~~Dec 14 63~~ to 9-21-63 and last saw her/him alive on 9-21-63
Death occurred at 4:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): John Warren [signature]
22b. ADDRESS: Marceline Mo
22c. DATE SIGNED: 9/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9/24/63
23c. NAME OF CEMETERY OR CREMATORY: New Cambria Cemetery
23d. LOCATION (City, town, or county) (State): New Cambria, Mo.

24. FUNERAL DIRECTOR: H. J. Gilleland — ADDRESS: New Cambria Mo.
25. DATE RECD. BY LOCAL REG.: 9/23/63
26. REGISTRAR'S SIGNATURE: Anna Watson

(Licensed Embalmer's Statement on Reverse Side)

OCT 10 1963

OCT 01 1963

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 Philip E Brown

Licensed Embalmer No. 5182

P. O. Address Macon 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.