

LED SEP 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30826

State File No.

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 979

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| 1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Joseph</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Lexington</u> | |
| c. LENGTH OF STAY (In this place) <u>7 days</u> | | d. STREET ADDRESS (If rural, give location) <u>2005 Jefferson</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no. 2</u> | | | |

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|--|-------------------------------|---|--|---|
| 3. NAME OF DECEASED (Type or Print) <u>FRANK</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>9-11-1952</u> | |
| a. (First) | b. (Middle) | c. (Last) <u>PARIS</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>10-24-1869</u> | 9. AGE (In years last birthday) <u>82</u> |
| 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>Agriculture</u> | 11. BIRTHPLACE (State or foreign country) <u>Iowa</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

| | | |
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| 13a. FATHER'S NAME <u>Geoff Paris</u> | 13b. MOTHER'S MAIDEN NAME <u>Martha Dabney</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Sda Paris</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Sda Paris - 2005 Jefferson St, Lexington, Mo.</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile degeneration</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerosis</u> DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4500</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from 9-4-, 1952, to 9-11-, 1952, that I last saw the deceased alive on 9-9-, 1952, and that death occurred at 9:10 A. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>G. H. Morrow</u> | (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>State Hospital no. 2, St. Joseph, Mo.</u> | 23c. DATE SIGNED <u>9-11-1952</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u> | 24b. DATE <u>9/11/52</u> | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) <u>Lexington Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>Sept. 18, 1952</u> | REGISTRAR'S SIGNATURE <u>Carl C Casey</u> | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Heaton-Bowman Funeral Home</u> <u>St. Joseph, Mo.</u> | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed Eugene Wood

Signed _____

Student Embalmer

Licensed Embalmer No. 3804

P. O. Address 319 So 10th St. Joseph, 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 this body is not embalmed, fact should be so stated above.