

FILED JUN 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15262

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 4124 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clark</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kahoka</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) <u>WALTER FRANK PAULY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 25 1949</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 2, 1875</u>	9. AGE (In years) (If under 1 year last birthday) (Months) (Days) (Hours) (Min.) <u>73 10 23</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Osteopath</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Farmington, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>
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13a. FATHER'S NAME <u>Frank J. Pauly</u>	13b. MOTHER'S MAIDEN NAME <u>Margaret Ann Bailey</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ida Pugh</u>	ADDRESS <u>Kahoka 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Sclerosis</u> DUE TO (c) <u>Found dead in bed</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH <u>4501</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at not known m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Riggs M.D.</u>	(Degree or title)	23b. ADDRESS <u>Kahoka Mo</u>	23c. DATE SIGNED
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24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 28 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bear Creek Sem.</u>	24d. LOCATION (City, town, or county) (State) <u>Clark Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6/3-49</u>	REGISTRAR'S SIGNATURE <u>J. C. Bridges</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. C. Suttner</u>	ADDRESS <u>Clark Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

NOV 12 1952

MS
JUN 21 1960

RECEIVED

District Health Officer No. 10

District File Number 6-449-988

Date Filed JUN 6 1960

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
Student Embalmer

Signed Olis R. Lutting

Licensed Embalmer No. 2965

P. O. Address Lurray

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.