

FILED JUL-2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 20070

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 165 PRIMARY REG. DIST. NO. 5682 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>			
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Chilhowee</i>		c. LENGTH OF STAY (In this place) <i>3 yrs</i>	c. CITY (If outside corporate limits, write RURAL and give township) <i>Rural Route 2 Holden mo</i>		5)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>R.F.D. Holden mo</i>			d. STREET ADDRESS (If rural, give location) <i>R.F.D.</i>			
3. NAME OF DECEASED a. (First) <i>James</i> b. (Middle) <i>Lee</i> c. (Last) <i>Paulley</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>June 3 1949</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Nov 29 1880</i>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Realtor</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>	11. BIRTHPLACE (State or foreign country) <i>Greenfield Indiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>James M. Paulley</i>		13b. MOTHER'S MAIDEN NAME <i>Mamie Babcock</i>		14. NAME OF HUSBAND OR WIFE <i>Melvin Paulley</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Melvin Paulley Holden mo</i>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Lymphatic Leukemia</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <i>20/10</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			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) m.		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 <i>Jan. 20, 1949</i> , to <i>June 3, 1949</i> , that I last saw the deceased alive on <i>June 3, 1949</i> , and that death occurred at <i>5:40A m.</i> , from the causes and on the date stated above.						
23a. SIGNATURE (Degree or title) <i>James M. Holmberg M.D.</i>			23b. ADDRESS <i>Holden, Mo</i>		23c. DATE SIGNED <i>6/4/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>6-6-49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Holden Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Holden mo</i>		
DATE REC'D BY LOCAL REG. <i>June 7 1949</i>		REGISTRAR'S SIGNATURE <i>Mamie Shanklin</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Canada Day King Holden mo</i>		

(Licensed Embalmer's Statement on Reverse Side)

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

1949

**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 M. J. Cradock

Licensed Embalmer No. 3434

P. O. Address Balden, W.

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.