

FILED JAN 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

615

Dr. Lake

State File No.

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Jefferson City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208 East McCarty Street</u>		d. STREET ADDRESS (If rural, give location) <u>108 East McCarty Street</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Amos</u>	b. (Middle) <u>Riley</u>	c. (Last) <u>Pauley</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 1 1950</u>
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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>Sept-8-1874</u>	9. AGE (In years last birthday) <u>75</u> if UNDER 1 YEAR Months Days if UNDER 12 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tele Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Boone County, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sylvester Pauley</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Hanks Nichols</u>	14. NAME OF HUSBAND OR WIFE <u>Jane B. Pauley</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>490-09-6635</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jane B. Pauley</u>	ADDRESS <u>Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic poisoning</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Five days</u> <u>949</u> <u>May 16, 1949</u> <u>7041</u>
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>Pemphigus Vulgaris</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

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 May 16, 1949, to Jan. 1, 1950, that I last saw the deceased alive on Jan. 1, 1950, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Leon B. Lake</u> (Degree or title)	23b. ADDRESS <u>312-16 Trust Bldg., Jefferson City</u>	23c. DATE SIGNED <u>Jan. 6, 1950</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan-4-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Liberty Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Near Ashland, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Jan 7-1950</u>	REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	FEDERAL DIRECTOR'S SIGNATURE <u>John J. Jordan</u>	ADDRESS <u>Jefferson City, Mo</u>
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(Licensed Embalmer's Statement (See Reverse Side))

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

No. 300
10. 48

9-264

District File Number
District Health Officer No. 9,
RECEIVED
JAN 9 1950

JAN 23 1950
FEB 5 1950

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 Leard P. Miller

Licensed Embalmer No. 3890

P. O. Address Jefferson City 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.