No. 300
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FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1724

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5706 Registrar's No. 3

1. PLACE OF DEATH
a. COUNTY: Mc Donald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Anderson Twp
c. LENGTH OF STAY (in this place): 3 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1½ mi S. of Anderson

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Mc Donald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 0600 ~~1½ mi S~~ Rural Anderson Twp
d. STREET ADDRESS (If rural, give location): 1½ mi S of Anderson

3. NAME OF DECEASED (Type or Print): a. (First) FANNIE b. (Middle) ELMINA c. (Last) PAULSELL

4. DATE OF DEATH (Month) 1 (Day) 20 (Year) 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan 15-1866
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR: Months 0 Days 5 | IF UNDER 24 HRS.: Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housework
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Martin Cult
13b. MOTHER'S MAIDEN NAME: Mary Deshelers
14. NAME OF HUSBAND OR WIFE: Edward Paulsell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Mrs Minnie Anderson Mo — **ADDRESS**

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Bundle Branch Block — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular Fibrillation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 4331

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): No injury
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): ✓
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: No injury
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: ✓

22. *I hereby certify that I attended the deceased from* 12/26, 1949, *to* 1-20, 1950, *that I last saw the deceased alive on* 1/20, 1950, *and that death occurred at* 4:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) D.O.
23b. ADDRESS: Anderson, Missouri
23c. DATE SIGNED: 1/20/50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-22-1950
24c. NAME OF CEMETERY OR CREMATORY: Neuenberg
24d. LOCATION (City, town, or county) (State): Neuenberg Mo

DATE REC'D BY LOCAL REG.: 2-1-50
REGISTRAR'S SIGNATURE: Mayne Humphrey 423
25. FUNERAL DIRECTOR'S SIGNATURE: Tatum Funeral Home Anderson Mo — **ADDRESS**
(Licensed Embalmer's Statement on Reverse Side) R.E. Cheatham

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

FEB 17 1950

RECEIVED FEB 6 1950
District Health Office No. 6,
District File Number 250-173
Date Filed 2-6-50

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 me, Student Embalmer No. ✓, working under my personal supervision.

Student ✓
Student Embalmer

Signed R. E. Chesthom

Licensed Embalmer No. 3813

P. O. Address Anderson, 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.