

FILED JAN 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43491

BIRTH NO. _____		REG. DIST. NO. <u>34</u>	PRIMARY REG. DIST. NO. <u>5117</u>	Registrar's No. <u>1</u>
1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>BOONE</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CEDAR</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL CEDAR</u> <u>0100</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES N.E. Ashland</u>		d. STREET ADDRESS (If rural, give location) <u>4 MILES N.E. Ashland Mo</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) _____ c. (Last) <u>PAULEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 24 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAR. 1. 1956</u>	
9. AGE (In years last birthday) <u>74</u> Months <u>9</u> Days <u>23</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
10a. _____		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Pauley</u>		
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE _____		
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 ADDRESS <u>CALLIE PAULEY Ashland</u>
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) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Nephritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>5' 7 1/2 X</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>4 yrs</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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) <u>none</u> 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 <u>Nov 1, 1950</u> , to <u>Dec-24 1950</u> , that I last saw the deceased alive on <u>Dec-22 1950</u> , and that death occurred at <u>2 P. m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) <u>F. C. Suggitt M.D.</u>		23b. ADDRESS <u>Columbia</u>		23c. DATE SIGNED <u>12-26-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC. 26 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEW SALEM CENT Ashland Mo.</u>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. L. Burnett Ashland Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/26/50</u>		REGISTRAR'S SIGNATURE <u>Mrs. Mildred Burnett</u>		27. _____

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.4801.00
1

RECEIVED 1-18-51

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed 1-18-51

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 *W^m C. V. Burnett*

Licensed Embalmer No. *3564*

P. O. Address *Redland 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.