

Miller

No. 300
10.48

FILED FEB 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 158

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 510 Clay St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 510 Clay St.			

3. NAME OF DECEASED (Type or Print) a. (First) CURTIS b. (Middle) PAULEY c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1951		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1871	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months 11 Days 9	IF UNDER 24 HRS. Hours 9 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME William Joseph Pauley		13b. MOTHER'S MAIDEN NAME Willie Douglas		14. NAME OF HUSBAND OR WIFE Nancy Jane Forbis Pauley	
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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) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Curtis Pauley, Columbia, Mo.	
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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, asthma, etc.: It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 57 2/3
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-vascular disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic nephritis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 15, 1951**, to **Jan 29, 1951**, that I last saw the deceased alive on **Jan 29, 1951**, and that death occurred at **10:15 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. J. Miller M.D.	23b. ADDRESS Columbia Mo	23c. DATE SIGNED 2 Feb 51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 2, 1951	24c. NAME OF CEMETERY OR CREMATORY Providence Cemetery	24d. LOCATION (City, town, or county) (State) Boone County, Missouri
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DATE REC'D BY LOCAL REG. Feb. 2, 1951	REGISTRAR'S SIGNATURE Mrs. R. E. Palmer	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Parson Funeral Service, Columbia Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

105

RECEIVED 2551

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2.5.51

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 *M. V. Whitfield*

Licensed Embalmer No. 2893

P. O. Address *Columbia*

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.