

FILED APR 18 1951

STANDARD CERTIFICATE OF DEATH

State File No. 13526
Registrar's No. 52

3053
~~6089~~

0872

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

BIRTH NO.		REG. DIST. NO. <u>275</u>		PRIMARY REG. DIST. NO. <u>6089</u>		State File No. <u>13526</u>		Registrar's No. <u>52</u>			
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>			c. LENGTH OF STAY (in this place) <u>5 months</u> Life			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>			<u>0872</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>101 W. 14th Street</u>						d. STREET ADDRESS (If rural, give location) <u>101 W. 14th Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harvey</u>			b. (Middle) <u>Ellis</u>			c. (Last) <u>PAULSELL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 8, 1951</u>		
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>January 20, 1905</u>		9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Rolla, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Mr. Frank W. Paulsell</u>				13b. MOTHER'S MAIDEN NAME <u>Anna Gilbert</u>			14. NAME OF HUSBAND OR WIFE <u>Mrs. Barbara Paulsell</u>				
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>499-03-2294</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Barbara Paulsell 101 W. 14th Street</u>						
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Passive congestion of Lungs + heart</u>							INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>		
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cirrhosis of Liver</u>							4 or 5 yrs		
		DUE TO (c)									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>General debility & severe Emaciation</u>							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
		5810									
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)		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>Oct 1942</u> to <u>April 8, 1951</u> , that I last saw the deceased alive on <u>April 5, 1951</u> , and that death occurred at <u>3:50 P. M.</u> from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Richard H. Nye, D.O.</u>				23b. ADDRESS <u>Newburg, Mo.</u>				23c. DATE SIGNED <u>April 9, 1951</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 10, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Garden Memorial</u>			24d. LOCATION (City, town, or county) (State) <u>Rolla Missouri</u>					
DATE REC'D BY LOCAL REG. <u>April 9, 1951</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>			380		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1100 Elm Street Rolla, Missouri</u>		

APR 27 1951

RECEIVED

Phelps County Health Officer,

County File Number _____

Date Filed April 17, 1951

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 _____

Jerry D. Doane

working under my personal supervision.

Student Embalmer No. 382

Signed Jerry D. Doane
Student Embalmer

Signed [Signature]
Licensed Embalmer No. 3643

P. O. Address Box 465, Rolla, Missouri

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.