

FILED JUL 31 1951

STANDARD CERTIFICATE OF DEATH

State File No. 22044

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>193</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 town) <u>Columbia</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia</u>		8195		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1202 Belmont St.</u>				d. STREET ADDRESS (If rural, give location) <u>1202 Belmont St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>LESLIE</u>		b. (Middle) <u>MONROE</u>		c. (Last) <u>PARIS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 21, 1951</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>July 24, 1885</u>		
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months <u>11</u> Days <u>27</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>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Monroe County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>James Monroe Paris</u>			13b. MOTHER'S MAIDEN NAME <u>Laura Jane Paris</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Mahoney Paris</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-14-1423</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cedric Paris, Columbia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>none</u> <u>4221</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</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) _____		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>July 5, 1951</u> , to <u>July 21, 1951</u> , that I last saw the deceased alive on <u>July 19, 1951</u> , and that death occurred at <u>6 a. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>F. C. Ruggert M.D.</u> (Degree or title)				23b. ADDRESS <u>Columbia</u>		23c. DATE SIGNED <u>7-21-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 23, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Columbia Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 24, 1951</u>		REGISTRAR'S SIGNATURE <u>Mrs R. E. Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parsons Funeral Service, Columbia, Mo.</u> ADDRESS _____				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 2-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2-30-51



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 _____

Joseph W. Phillips

Student Embalmer No. 429

working under my personal supervision.

Student *Joseph W. Phillips*
Student Embalmer

Signed *Tom M. Harg*

Licensed Embalmer No. 2067

P. O. Address *Columbia Md.*

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.