

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23177

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3043

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <b>KANSAS CITY</b> )		c. LENGTH OF STAY (in this place) <b>1 WEEK</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>INDEPENDENCE</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOSEPH HOSPITAL</b>		d. STREET ADDRESS (If rural, give location) <b>504 N. RIDGEWAY ST</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM</b> b. (Middle) <b>CLYDE</b> c. (Last) <b>PAUL</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 16 1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>SEPT. 8, 1894</b>	9. AGE (In years last birthday) <b>56</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>STILLMAN</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OIL REFINERY</b>	11. BIRTHPLACE (State or foreign country) <b>LANE KANSAS</b>	
13a. FATHER'S NAME <b>UNKNOWN PAUL</b>		13b. MOTHER'S MAIDEN NAME <b>IDA VENT</b>		14. NAME OF HUSBAND OR WIFE <b>BESSIE N. PAUL</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>486-03-0731</b>	17. INFORMANT'S SIGNATURE OR NAME <b>BESSIE N. PAUL</b> ADDRESS <b>INDEP. MO.</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>442 X</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Hypertensive myocarditis</b>		
		DUE TO (c) <b>Malignant Hypertension</b>		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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 Pathologist, 1951, that I last saw the deceased alive on 7/18/51, and that death occurred at St. Joseph Hospital from the causes and on the date stated above.

23a. SIGNATURE <b>Russell H. Keefe</b>		23b. ADDRESS <b>St. Joseph Hospital</b>		23c. DATE SIGNED <b>7/17/51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7/18/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>JACKSON COUNTY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-18-51</b>	REGISTRAR'S SIGNATURE <b>Rosaline Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>OTT &amp; MITCHELL</b>		ADDRESS <b>INDEP., MO</b>

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

STATEMENT BY LICENSED EMBALMER

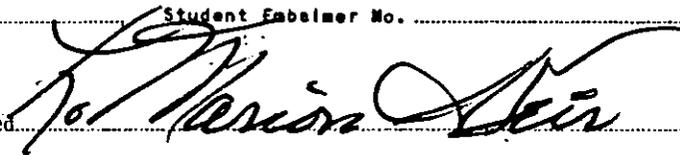
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. ....

Signed.....



Licensed Embalmer No. 3156

P. O. Address INDEPENDENCE, 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.