

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **36371**

FILED DEC 5 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **34** PRIMARY REG. DIST. NO. **5117** Registrar's No. **14**

1. PLACE OF DEATH a. COUNTY <b>Boone</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cedar</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Cedar 0193</b>		d. STREET ADDRESS (If rural, give location) <b>Ashland Mo R.F.D.</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ashland Mo. R.F.D.</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Callie</b> b. (Middle) <b>Calvin</b> c. (Last) <b>Pauley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov 7 1951</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>May 28 1883</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Month <b>5</b> Days <b>7</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farming</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James F Pauley</b>		13b. MOTHER'S MAIDEN NAME <b>Emma Bennett</b>	14. NAME OF HUSBAND OR WIFE <b>Willie T Pauley Ashland Mo</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>✓</b>	16. SOCIAL SECURITY NO. <b>✓</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Willie T Pauley Ashland Mo.</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myasthenia Gravis -</b>					
*This does not mean the mode of dying, such as heart failure, asthma, 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) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Valvular Heart disease -</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>7440</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>✓</b>	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) <b>✓</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>✓</b>		

22. I hereby certify that I attended the deceased from **March 15, 1951**, to **7<sup>th</sup> Nov -**, 1951, that I last saw the deceased alive on **3 Nov.**, 1951, and that death occurred at **6:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ann R. Stall</b>		(Degree or title)	23b. ADDRESS <b>Ashland, Mo.</b>	23c. DATE SIGNED <b>8<sup>th</sup> Nov. 51</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov 9, 1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Liberty Cem</b>	24d. LOCATION (City, town, or county) (State) <b>Ashland Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Nov 9-51</b>	REGISTRAR'S SIGNATURE <b>Mrs. Mildred Burnett</b>	25. FURNERAL DIRECTOR'S SIGNATURE <b>W. C. Burnett</b>	ADDRESS <b>Ashland Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
DISTRICT HEALTH OFFICE NO. 3  
District File Number \_\_\_\_\_  
Date Filed DEC 4 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 \_\_\_\_\_

\_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student .....  
Student Embalmer

Signed W. C. Bennett

Licensed Embalmer No. 3564

P. O. Address Rockland, 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.