

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 28 1952

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 88 PRIMARY REG. DIST. NO. 53214 Registrar's No. 2

1. PLACE OF DEATH
 a. COUNTY Crawford
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba, Mo. #3
 c. LENGTH OF STAY (In this place) 68 yrs
 d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Apex 8 Mi. SW. of Cuba Mo.

2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission).
 a. STATE Missouri b. COUNTY Crawford
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cuba Mo. #3
 d. STREET ADDRESS (If rural, give location) R.T. #3 8 Mi. SW.

3. NAME OF DECEASED a. (First) John b. (Middle) Charles c. (Last) Pasch 4. DATE OF DEATH (Month) (Day) (Year) 2-3-1952

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH July 13, 1881 9. AGE (In years last birthday) 70 6 MONTHS 20 DAYS IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Farming 11. BIRTHPLACE (State or foreign country) Rochester, New York 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Pasch 13b. MOTHER'S MAIDEN NAME ADELINE PELTAY 14. NAME OF HUSBAND OR WIFE ETTA MAE "MONDA" PASCH

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 Etta Mae Pasch, R#3 Cuba Mo.

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.
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism INTERVAL BETWEEN ONSET AND DEATH 30 min.
 ANTECEDENT CAUSES DUE TO (b) Acute Coronary Thrombosis 4 weeks
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (c) Generalized arteriosclerosis 15 yrs.
 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 4201 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 2, 1952, to Feb 3, 1952, that I last saw the deceased alive on 2-3-1952, and that death occurred at 7:30 A. m., from the causes and on the date stated above.

23a. SIGNATURE J. A. Elders, M.D. (If agent or title) 23b. ADDRESS Cuba, Mo. 23c. DATE SIGNED 2-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-6-1952 24c. NAME OF CEMETERY OR CREMATORY U.P. Cemetery 24d. LOCATION (City, town, or county) (State) Cuba Mo.

DATE REC'D BY LOCAL REG. 2-4-1952 REGISTRAR'S SIGNATURE [Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] Cuba Mo.

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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Paul A. Franklin*
Licensed Embalmer No. *3472*
P. O. Address *Cuba, 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.