

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41821**

FILED JAN 3 1953

BIRTH NO. _____ REG. DIST. NO. **72** PRIMARY REG. DIST. NO. **4134** Registrar's No. **104**

1. PLACE OF DEATH a. COUNTY Clay		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) Smithville		c. CITY (If outside corporate limits, write RURAL and give township) Smithville	
c. LENGTH OF STAY (in this place) 1 Hour		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Smithville Community Hosp			

3. NAME OF DECEASED (Type or Print)	a. (First) Walter-	b. (Middle) H.	c. (Last) Pauley	4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1952
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5. SEX Ma	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 8, 1869	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 11 Days 15	IF UNDER 24 HRS. Hours 15 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer	10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Isaac Pauley	13b. MOTHER'S MAIDEN NAME Sarah Hubbell	14. NAME OF HUSBAND OR WIFE Nettie M. Pauley (Dec.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. A. E. Spelman	ADDRESS Smithville, Mo.
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH 1 da
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis		
	DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION ✓	20. AUTOPSY? NO <input checked="" type="checkbox"/> YES
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Oct 1946** to **Dec 23, 1952**, that I last saw the deceased alive on **Dec 23, 1952**, and that death occurred at **9:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. E. Spelman M.D.	(Degree or title)	23b. ADDRESS Smithville Mo	23c. DATE SIGNED 12/24/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 12-24-52	24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery	24d. LOCATION (City, town, or county) (State) Smithville Missouri
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DATE REC'D BY LOCAL REG. 12-24-52	REGISTRAR'S SIGNATURE Beverly Kitchener	25. FUNERAL DIRECTOR'S SIGNATURE McComas Funeral Home	ADDRESS Smithville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

240

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STATE OF MISSOURI
DEPARTMENT OF HEALTH
BUREAU OF HEALTH

JAN 22 1953

SEP 29 1954

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 *Donald W Hanks*

Licensed Embalmer No. *45-28*

P. O. Address *Smithville, 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.