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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25575

FILED JUL 27 1953

| | | | | | | | |
|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 187 | | PRIMARY REG. DIST. NO. 3040 | | Registrar's No. 97 | |
| 1. PLACE OF DEATH a. COUNTY Livingston | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Caldwell | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe | | c. LENGTH OF STAY (In this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Homer Twp. | | d. STREET ADDRESS (If rural, give location) 0120 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital | | | | 4. DATE OF DEATH (Month) (Day) (Year) July 12, 1953 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Jesse | | b. (Middle) William | | c. (Last) Pawsey | | | |
| 5. SEX M | | 6. COLOR OR RACE W | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH July 26, 1876 | |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (His kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Caldwell Co., Mo. | |
| 12. CITIZEN OF WHAT COUNTRY? | | 13a. FATHER'S NAME Fred Pawsey | | 13b. MOTHER'S MAIDEN NAME Elizabeth Kaufman | | 14. NAME OF HUSBAND OR WIFE Ora Ann Pawsey | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Jesse Pawsey | | | |
| 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) Pneumonia Bronchial Billed 5 days 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. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) | | 491X | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 Sept. 1, 1953, to July 12, 1953, that I last saw the deceased alive on July 12, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Joseph A. Conrad M.D. | | | | 23b. ADDRESS Chillicothe, Mo. | | 23c. DATE SIGNED July 13-53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 7-15-53 | | 24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery | | 24d. LOCATION (City, town, or county) (State) Hamilton, Mo. | |
| DATE REC'D BY LOCAL REG. July-13-53 | | REGISTRAR'S SIGNATURE Frances P. Neill | | 25. FUNERAL DIRECTOR'S SIGNATURE Bram Funeral Home | | ADDRESS Hamilton, Mo. | |

JUL 22 1953

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 Morris A. Brun
Licensed Embalmer No. 3918

P. O. Address Hamilton, N.Y.

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.