

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28065

State File No.

FILED SEP 10 1953

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains</u>	
c. LENGTH OF STAY (In this place) <u>9 mos. 6 days</u>		d. STREET ADDRESS (If rural, give location) <u>727 Missouri Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital Excelsior Springs, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMUEL</u>	b. (Middle) <u>W</u>	c. (Last) <u>PARIS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 1 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 22, 1896</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Office Manager</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Bottling Company</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville, Kentucky</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel W. Paris</u>	13b. MOTHER'S MAIDEN NAME <u>Ethel Lewis</u>	14. NAME OF HUSBAND OR WIFE <u>Oriel Paris</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>	16. SOCIAL SECURITY NO. <u>487016306</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hospital records</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale with myocardial failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unkn.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Tuberculosis pulmonary, chronic, far advanced active with pulmonary fibrosis & emphysema</u>		<u>Unkn.</u>
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>J.A.S.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)	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 11-26-52, 19 , to 9-1, 1953, ~~that I saw the deceased~~ ~~and that death occurred at 12:50 p. m., from the causes and on the date stated above.~~

23a. SIGNATURE <u>Roy K. Smith</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Excelsior Springs, Missouri</u>	23c. DATE SIGNED <u>9-1-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-2-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>9/3/53</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Claude Richard</u>	ADDRESS <u>Excelsior Springs, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

6961 0 1 700. SA

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

Louise K. Herman

Licensed Embalmer No.

4589

P. O. Address

Excelsior Springs

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.