

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **42157**

FILED JAN 4 1954

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1348

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>2329 So. 11th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Meth. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>PASLEY</u> c. (Last) <u>PASLEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12 22 1953</u>		
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>3-1-1882</u>		9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR (Month) (Day) <u>9 22</u>	
11. IF UNDER 24 HRS. (Hours) (Min.)		11. BIRTHPLACE (State or foreign country) <u>Buchanan Co., Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>			

13a. FATHER'S NAME <u>David Pasley</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Patton</u>		14. NAME OF HUSBAND OR WIFE <u>Bunnie Pasley</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Bunnie Pasley</u> City ADDRESS <u>2329 So. 11th St.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute cerebral hemorrhage</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>malignant hypertension</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Beginn prostrate hypertrophy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>unknown</u> <u>unknown</u>	
--	--	---	--	--	--

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)	
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?	

22. I hereby certify that I attended the deceased from 12-22 1953, to 12-22 1953, that I last saw the deceased alive on 12-22 1953, and that death occurred at 3:00 P.M. on 12-22 1953, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward Slawig M.D.</u>		23b. ADDRESS <u>Tootle Bldg, St. Joseph, Mo.</u>		23c. DATE SIGNED <u>12/28/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-24-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>DeVore Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Easton, Missouri</u>		DATE REC'D BY LOCAL REG. <u>Dec 31, 1953</u>		REGISTRAR'S SIGNATURE <u>Edith M. Allison</u> FUNDAL DIRECTOR'S SIGNATURE <u>Ray P. Belmont</u> ADDRESS <u>St. Joseph, Mo.</u>	

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, only

.....
working under my personal supervision.

Student
Student Embalmer

Signed John E. Rupp
Student Embalmer No.

Licensed Embalmer No. 3986

P. O. Address St. Joseph

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.