

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34261

State File No. ....

FILED NOV 8 - 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 422

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> <b>Jackson</b> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Independence</b>	c. LENGTH OF STAY (in this place) <b>7 days</b>	c. CITY OR TOWN <b>Kansas City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Sanitarium</b>		e. STREET ADDRESS (If rural, give location) <b>721 Brookside Dr. 30081</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Corinne</b> b. (Middle) <b>K.</b> c. (Last) <b>Paschall</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 23, 1954</b>					
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>Mar. 5, 1905</b>	9. AGE (In years last birthday) <b>49</b>	IF UNDER 1 YEAR Months Days	IF UNDER 6 Wks. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>self employed</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Paris, Tenn.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			

13a. FATHER'S NAME <b>Ed Dumas</b>	13b. MOTHER'S MAIDEN NAME <b>Tommie Howard</b>	14. NAME OF HUSBAND OR WIFE <b>Buren Dick Paschall</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Buren Dick Paschall, Kansas City, Mo.</b> ADDRESS

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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <b>4 M.D</b>  <b>193X</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Metastatic melanoma of right hemisphere of the brain</b> ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> DUE TO (b) <b>Had a melanoma removed from rt side of the forehead 14 years ago</b> DUE TO (c) <b>Thromb. w. embolus sized in the liver</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <b>Oct - 22/50</b>	19b. MAJOR FINDINGS OF OPERATION <b>Tumor was not found at operation</b>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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 Oct 1 - 1954 to Oct 23, 1954, that I last saw the deceased alive on Oct 22, 1954 and that death occurred at 2:10 A.M. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Allen M. J.</b>	23b. ADDRESS <b>Postnet Natl Bank Independence, Mo.</b>	23c. DATE SIGNED <b>Oct 23-54</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>OCT. 25 1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>PARIS, TENN.</b>

DATE REC'D BY LOCAL REG. <b>10-25-54</b>	REGISTRAR'S SIGNATURE <b>[Signature]</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Pro. Carlson</b> ADDRESS <b>Independence, Mo.</b>
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(Inclosed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Charles E. Schroed*.....

Licensed Embalmer No. *47*

P. O. Address *Independence*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.