

FILED JAN 20 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1406

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5522</u>		Registrar's No. <u>12</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u> <u>0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>				b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Prairie Township</u>		c. LENGTH OF STAY (in this place) <u>3 da.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u> <u>7005</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Jackson County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>207 East Lexington</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luther</u>			b. (Middle) <u>E.</u>		c. (Last) <u>Paschall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 10, 1955</u>		
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>8/9/1875</u>		9. AGE (in years last birthday) <u>79</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>1</u> IF UNDER 1 HR. Hours <u>1</u> Min.	
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Retired Teacher</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Number Company O.A.A.</u>		11. BIRTHPLACE (State or foreign country) <u>Tennessee, (Perry)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Pearl M Paschall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Pearl M Paschall, Indpls. Mo</u>					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Pathology with Pulmonary Edema</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u> DUE TO (c) <u>Arterio Sclerotic Heart Disease</u> 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 <u>4200</u>						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 <u>Dec. 3, 1954</u> , to <u>Jan. 10, 1955</u> , that I last saw the deceased alive on <u>Jan. 10, 1955</u> , and that death occurred at <u>5:20 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Daniel J. Wagoner M.D.</u>				23b. ADDRESS <u>North Independence Hospital</u>		23c. DATE SIGNED <u>1/7/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/12/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mad. Shaw Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Independence Mo.</u>			
DATE REC'D BY LOCAL REG. <u>1-10-55</u>		REGISTRAR'S SIGNATURE <u>N.B. Longstaff</u> <u>483</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. B. Benson</u>		ADDRESS <u>Independence, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Harold E. Madrel

Licensed Embalmer No. 4609

P. O. Address Indep. Mo.

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.