

Michael
 FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

12741
 STATE FILE NUMBER
 3016
 Registrar's No. 118

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 118

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Hope Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Shas. F. Still Hosp. Length of stay in 1b 19 da.		d. STREET ADDRESS (If outside, give location) R.F.D. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle G. Last Pauck		4. DATE OF DEATH April 9, 1956 Month April Day 9 Year 1956	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 24, 1882
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		9b. AGE (In years last birthday) 73	9c. IF UNDER 1 YEAR IF UNDER 24 HRS. Months 6 Days 15 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -----	11. BIRTHPLACE (City and state or country) Hope Mo
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Henry Pauck	
14. MOTHER'S MAIDEN NAME Caroline Buck		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. -----		17. INFORMANT 7608^{Address} Comfort Ave. Mrs. Minnie Krueger, Maplewood Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Urinary retention DUE TO (c) Prostatic hypertrophy PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE. CONDITION GIVEN IN PART I (n) Takes Socials - 610X B			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		20c. TIME OF INJURY: Hour Month Day Year a. m. p. m. 	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 3/28/56 to 4/9/56 and last saw her/him alive on 4/9/56 . Death occurred at 4:55 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. A. Michael Sr. (Degree or title) Dr.		22b. ADDRESS Jefferson City, Mo.	
22c. DATE SIGNED 4/10/56		23a. BURIAL, CREMATION, REMOVAL (Specify) burial	
23b. DATE April, 11, 1956		23c. NAME OF CEMETERY OR CREMATORY Salem Presbyterian	
23d. LOCATION (City, town, or county) Hope Mo.		(State)	
24. FUNERAL DIRECTOR Clyde Morton ADDRESS Linn Mo		25. DATE RECD. BY LOCAL REG. 10 April 1956	
26. REGISTRAR'S SIGNATURE R. P. Dorris MD - MR			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

2661 9 NOV

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Vernon M. Monton*

Licensed Embalmer No. *71*

P. O. Address *Leam*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.