

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21359**

FILED JUN 18 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **256** PRIMARY REG. DIST. NO. **4388** Registrar's No. **4**

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>OSAGE</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI</b> b. COUNTY <b>OSAGE</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chamois</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Chamois</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City of Chamois</b>                              |  | d. STREET ADDRESS (If rural, give location) <b>City 0766</b>  |  |

|  |                               |   |  |   |   |
|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Louis</b> b. (Middle) <b>CHRIST</b> c. (Last) <b>PAULSMEYER</b> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>JUNE 11 - 56</b> |   |   |
| 5. SEX <b>MALE</b>   | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b> | 8. DATE OF BIRTH <b>27-Sept-1875</b>                         | 9. AGE (In years last birthday) <b>80</b>                           | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>            |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>                      |  | 11. BIRTHPLACE (State or foreign country) <b>WARREN County, Mo.</b> |   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>   |                               |   |  |   |   |

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 13a. FATHER'S NAME <b>ERNST PAULSMEYER</b>                                   |  | 13b. MOTHER'S MAIDEN NAME <b>Hannah Schelling</b> |  | 14. NAME OF HUSBAND OR WIFE <b>ANNA AHMAN, Chamois</b>                         |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No.</b> |  | 16. SOCIAL SECURITY NO. <b>No.</b>                |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>ANNIE PAULSMEYER Chamois, Mo.</b> |  |

|  |  |  |  |
|--|--|--|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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  |  | INTERVAL BETWEEN ONSET AND DEATH       |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage.</b>   |  | <b>Instantaneous</b>                   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) <b>Arteriosclerosis.</b> |  | <b>10-15 yrs.</b><br><b>15-25 yrs.</b> |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>Cardiac Hypertrophy, Chronic Nephritis, Hypertension</b>                             |  |  |  |

|   |  |  |
|---|--|--|
| 19a. DATE OF OPERATION                          | 19b. MAJOR FINDINGS OF OPERATION <b>331X</b>   | 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) | 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 **2-4-1956**, to **6-11-1956**, that I last saw the deceased alive on **6-10-1956**, and that death occurred at **4:30 AM.**, from the causes and on the date stated above.

|   |   |  |   |                                  |
|---|---|--|---|----------------------------------|
| 23a. SIGNATURE (Degree or title) <b>F. B. Farnsworth D.O.</b> |   | 23b. ADDRESS <b>Chamois, Mo.</b>   |   | 23c. DATE SIGNED <b>6-18-56.</b> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>       | 24b. DATE <b>13 JUNE 56</b>             | 24c. NAME OF CEMETERY OR CREMATORY <b>OAKLAND CEM</b>                        | 24d. LOCATION (City, town, or county) (State) <b>Chamois, Mo.</b> |                                  |
| DATE REC'D BY LOCAL REG. <b>6-12-56</b>                       | REGISTRAR'S SIGNATURE <b>Anna Moran</b> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Stanley B. Murr Chamois, Mo.</b> |   |                                  |

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

+48  
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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 \_\_\_\_\_

working under my personal supervision. \_\_\_\_\_  
Student Embalmer No. \_\_\_\_\_

Student .....  
Student Embalmer

Signed *Stanley E. Meyer* \_\_\_\_\_

Licensed Embalmer No. *4639*

P. O. Address *Chambers Me*

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.