

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29534**

FILED SEP 10 1956

BIRTH NO. _____ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **6093** Registrar's No. **143**

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

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Marshall		c. LENGTH OF STAY (in this place) 1-0	c. CITY OR TOWN Kansas City
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Highway 20(5 Mi west Marshall)		e. STREET ADDRESS (If rural, give location) 530 Sandusky	
3. NAME OF DECEASED a. (First) Henrietta b. (Middle) Wanda c. (Last) Pazlar			4. DATE OF DEATH (Month) (Day) (Year) 9 1 56
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12-26-1923
9. AGE (In years last birthday) 32		10. MONTHS 8	11. DAYS 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Press Operator-Mfg.		10b. KIND OF BUSINESS OR INDUSTRY Insulating Materials	11. BIRTHPLACE (City and State or Foreign Country) Little Rock, Ark.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME John F. Austin	
13b. MOTHER'S MAIDEN NAME Iris King		14. NAME OF HUSBAND OR WIFE John A. Pazlar	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Iris K. Southard		ADDRESS 61 S. 14th K.C. Kansas	
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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Auto mobile accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Unavoidable - DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 8124	
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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 20	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Marshall Twp Saline Mo	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept 1 56 12 m	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Struck by Automobile -	
22. I hereby certify that I attended the deceased from Sept 5 1956 , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12 2 m , from the causes and on the date stated above.			
23a. SIGNATURE P. L. Lawless M.D. Croner Saline Mo (Degree or title)		23b. ADDRESS Marshall Mo	23c. DATE SIGNED 9-5-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/5/56	24c. NAME OF CEMETERY OR CREMATORY W. Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City Mo
DATE REC'D BY LOCAL REG. 9-5-56	REGISTRAR'S SIGNATURE Carl G. Reed	25. FUNERAL DIRECTOR'S SIGNATURE Skredski Stine F. Home ADDRESS K.C. Kans.	

SEP 13 1950

SEP 20 1950

SEP 25 1950

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 *J. Leslie Swanson*.....

Licensed Embalmer No. *323*.....

P. O. Address *M. Marshall*.....

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.