

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35000

State File No. ....

FILED OCT 16 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 182

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

1. PLACE OF DEATH a. COUNTY <u>PHELPS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>CRAWFORD</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>ROLLA</u>	c. LENGTH OF STAY (In this place) <u>3 MO.</u>	c. CITY OR TOWN <u>SULLIVAN</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McFARLAND NURSING HOME</u>		f. STREET ADDRESS (If rural, give location) <u>SAPPINGTON BRIDGE Rd. 1</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>RALPH</u>	b. (Middle) <u>S</u>	c. (Last) <u>PAUL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>OCT 2 1956</u>
-------------------------------------	-------------------------	----------------------	-----------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>OCT. 2, 1876</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
--------------------	-------------------------------	---	--------------------------------------	---	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMING</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>HINCH, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>PATRICK PAUL</u>	13b. MOTHER'S MAIDEN NAME <u>NORA SCRIGGS</u>	14. NAME OF HUSBAND OR WIFE <u>MARTHA ELLEN BOUSE</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VIRGIE MUELLER</u>	ADDRESS <u>SULLIVAN, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Regenerative Heart Disease</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4221</u>
--	--	---

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 2, 1956, to Oct 2, 1956, that I last saw the deceased alive on Oct 2, 1956, and that death occurred at 1:45 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm R. Pyle M.D.</u> (Degree or title)	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>10/2/56</u>
---	------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>OCT. 4 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>HARDY CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>CRAWFORD CO. MO</u>
---	------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>Oct. 8, 1956</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. M. Eaton</u>	ADDRESS <u>Sullivan, Mo.</u>
--	--	---	------------------------------

County Health  
Certificate No. 5254  
Date Issued OCT 15 1966

OCT 16 1966

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 me Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed J. A. Humphrey .....

Licensed Embalmer No. 4772

P. O. Address Sullivan

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.