

KC-3 482 005

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2666

SL-12370 FILED FEB 4 1957

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1003

STATE FILE NUMBER

456

Registration District No. Primary Registration District No. Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE ARKANSAS b. COUNTY GREENE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PARAGOULD 8030 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Veterans Administration Hospital		Length of stay in lb 19 days	d. STREET ADDRESS (If outside, give location) 713 N. PRUTTE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last PAUL EDWARD DOLLAR			4. DATE OF DEATH Month Day Year 1-15-57
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 checked="" type="checkbox"/>	8. DATE OF BIRTH 6-6-20
9. AGE (In years last birthday) 36		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ASSEMBLER	10b. KIND OF BUSINESS OR INDUSTRY FISHER AUTO BODY
11. BIRTHPLACE (City and state or country) BOYNTON, ARKANSAS		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME RICHARD DOLLAR		14. MOTHER'S MAIDEN NAME LILLER HARRISON	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW-2		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address VA HOSP. RECORD, 915 N. GRAND, ST. LOUIS, 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) MASSIVE INTRAPERITONEAL HEMORRHAGE Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LEAK AT PORTAL-CAVAL DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH Undetermined
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) ACUTE HEMORRHAGIC PANCREATITIS			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> 587.0
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 VA	COUNTY STATE
21. Attended the deceased from 12-27-56 to 1-15-57 and last saw him alive on 1-15-57 Death occurred at 9:10 AM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or other person) J. J. Kamniskas	22b. ADDRESS 915 N. Grand M.D. VA Hosp: St. Louis, Mo.	22c. DATE SIGNED 1-15-57	
23a. BURIAL, CREMATION REMOVAL Removal	23b. DATE 1/15/57	23c. NAME OF CEMETERY OR CREMATORY Paragould, Ark.	23d. LOCATION (City, town, or county) (State) Paragould, Ark.
24. FUNERAL DIRECTOR ADDRESS Edward Fendler Mortuary 5611 So. Grand		25. DATE RECD. BY LOCAL REG. Bl. JAN 16 57	26. REGISTRAR'S SIGNATURE J. Carl Smith MD mJB

(Licensed Embalmer's Statement on Reverse Side)

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Doctor, coroner, etc. must use only standard nomenclature in reporting diseases in Part I. Must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Harry J. Schuman*.....
Licensed Embalmer No. *46*

P. O. Address *5611 So*

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.