

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43408  
STATE FILE NUMBER

FILED DEC 18 1957

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 293

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Mexico</b>		c. CITY OR TOWN <b>Mexico</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Audrain Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>720 W. Monroe</b>	
3. NAME OF DECEASED (Type or print) First <b>Jack</b> Middle <b>LeRoy</b> Last <b>Paul</b>		4. DATE OF DEATH Month <b>December</b> Day <b>19</b> Year <b>1957</b>	
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>March 9, 1906</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Sign and poster painting.</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sign painter</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>
13a. FATHER'S NAME <b>John L. Paul</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Wilson</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>335-14-2236</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis (Massive)</b>		17. INFORMANT <b>Mrs. John Paul,</b> Address <b>Mexico, Mo.</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Coronary occlusion.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>12-9-57 1030 am</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.) <b>X</b>	
20c. TIME OF INJURY Hour <b>am</b> Month, Day, Year p.m.		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>X</b>		20f. CITY, TOWN, OR LOCATION <b>X</b>	
21. I attended the deceased from <b>12-9-57</b> to <b>12-10-57</b> and last saw her/him alive on <b>12-9-57</b> Death occurred at <b>12-10-57</b> <b>2 PM</b> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Harry F O'Brien M.D.</b>	
22b. ADDRESS <b>Mexico Missouri</b>		22c. DATE SIGNED <b>12-10-57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>Dec. 12, 1957</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elmwood Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Mexico, Missouri</b>
24. FUNERAL DIRECTOR <b>Precht-Houston Funeral, Mexico, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Dec-11-1957</b>	26. REGISTRAR'S SIGNATURE <b>Blanche Neely</b>

X Missouri  
 X  
 X  
 December 10, 1957  
 Jack  
 male  
 white  
 March 2, 1908  
 21  
 sign and coater painting. Sign painter. St. Louis, Missouri. U.S.A.  
 John I. Paul  
 Alice Wilson  
 Mrs. John Paul, 335-14-2232  
 Mexico, Mo.

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 *Ralph L. Hueston*  
 Licensed Embalmer No. *4687*  
 P. O. Address *Mexico, Mo.*

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.