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0490
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. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-014720

STATE FILE NUMBER

FILED MAY 12 1958

Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 97

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sarsopie Mo		c. CITY OR TOWN Sarsopie Mo	
c. FULL NAME OF (If NOT in hospital, give location) INSITUATION Name		d. STREET ADDRESS (If outside, give location) No	
Length of stay in 1b 32 yrs		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Woodard Green Pauley		4. DATE OF DEATH 4-29-58	
5. SEX Male		6. COLOR OF RACE wh	
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 11-22-1876	
9. AGE (In years last birthday) 81		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Retired Farmer		11. BIRTHPLACE (City and state or country) Boone Co, Mo	
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U S A	
13. FATHER'S NAME Franklin Pauley		14. MOTHER'S MAIDEN NAME Allie Todd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Ethel Pauley Sarsopie Mo		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Circulatory Failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) New compensated hypertensive heart disease DUE TO (c) Arteriosclerosis - PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			INTERVAL BETWEEN ONSET AND DEATH 36 hours
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.) 443X	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
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		COUNTY STATE	
21. I attended the deceased from 9-13-52 to 4-29-58 and last saw her alive on 4-29-58 Death occurred at 9 a.m. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. Madison		22b. ADDRESS Sarsopie, Mo	
22c. DATE SIGNED 5-1-58			
23a. BURIAL CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/2/58	
23c. NAME OF CEMETERY OR CREMATORY Sarsopie Cem		23d. LOCATION (City, town, or county) Sarsopie Mo	
24. FUNERAL DIRECTOR Jackson Sons Sarsopie Mo		25. DATE RECD. BY LOCAL REG. 5-1-58	
ADDRESS		26. REGISTRAR'S SIGNATURE E.M. Clinton	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

8961 6 NOV 1958

County File Number 57-5-428
Date Filed MAY 8 1957

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. 7m working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Wm H Jackson*

Licensed Embalmer No. 39

P. O. Address *San Antonio*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.