

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021330  
STATE FILE NUMBER

FILED JUL 15 1958 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 203

300  
1-57

1. PLACE OF DEATH a. COUNTY Cole County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Osage	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Linn, Mo. 0760
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Chas E. Still Hospt		Length of stay in lb 3 days	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Paul L. Party			4. DATE OF DEATH Month Day Year July 11, 1958		
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2-DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 8/27/1868	9. AGE (In years Day birthday) 89	10. F UNDER 1 YEAR Months 10 Days 12	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rtd Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Bennots Mill, Mo.	12. CITIZEN OF WHAT COUNTRY? U S A
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13a. FATHER'S NAME Felix Party	13b. MOTHER'S MAIDEN NAME Florine Perry	14. NAME OF HUSBAND OR WIFE Myrtle Curley
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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 Address Mrs. John Strope . Linn, Mo. R D
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary Arteriosclerosis DUE TO (b) Aortic Aneurysm by Atherosclerosis DUE TO (c) Atherosclerotic heart disease		INTERVAL BETWEEN ONSET AND DEATH 4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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
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21. I attended the deceased from 5-1-58 to 7-11-58 and last saw him alive on 7-11-58 Death occurred at about 9 PM m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) Rowan W. Baldwin 2 DO	22b. ADDRESS Linn, Mo.	22c. DATE SIGNED 7-12-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 14th, 58	23c. NAME OF CEMETERY OR CREMATORY Linn Public Cemetery	23d. LOCATION (City, town, or country) (State) Linn, Mo.
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24. FUNERAL DIRECTOR Morton's Service Linn, Mo.	25. DATE RECD. BY LOCAL REG. 12 July 1958	26. REGISTRAR'S SIGNATURE R.P. Davis, MD
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 *Jessie M. Morton* .....

Licensed Embalmer No. *4125* .....

P. O. Address *Lynn, Me* .....

\*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.