Health, & Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-026697
STATE FILE NUMBER

FILED AUG 13 1958 Registration District No. 316 Primary Registration District No. 6075 Registrar's No. 295

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Francois Township — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) State Hospital No.4 — Length of stay in 1b 5m, 9d

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Francois
c. CITY OR TOWN Elvins 0 9 4 0 0 — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First EARL Middle ISAAC Last PAUL
4. DATE OF DEATH Month Day Year July 25, 1958
5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH April 17, 1880
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months 3 Days 8 — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Lottie Paul
14. MOTHER'S MAIDEN NAME Ida Hargus
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. unknown
17. INFORMANT Address Records, State Hospital No.4, Farmington, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Subdiaphragmatic abscess	4 das.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Infected colostomy	5 das.
DUE TO (c)	Patient pulled colostomy 334XH	5 das.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)
Psychosis with cerebral arteriosclerosis and carcinoma of rectum with bowel obstruction.

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 July 16, 1958, to July 25, 1958 and last saw ~~her~~ him alive on July 25, 1958
Death occurred at 7:50 a. m. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) John A Brennan MD 0
22b. ADDRESS State Hospital No.4 Farmington, Missouri
22c. DATE SIGNED 7-25-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 28, 1958
23c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery
23d. LOCATION (City, town, or county) (State) Old Mines, Missouri

24. FUNERAL DIRECTOR ADDRESS Sparks Funeral Home, Flat River, Mo.
25. DATE RECD. BY LOCAL REG. July 25, 1958
26. REGISTRAR'S SIGNATURE Esther Rudloff

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 423

P. O. Address [signature]

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.