

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040129
STATE FILE NUMBER 5265
Registrar's No.

FILED NOV 24 1958 Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Year <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6500 Charlotte		Length of stay in lb 20 yrs	d. STREET ADDRESS 6500 Charlotte		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last RICHARD G. PAUL			4. DATE OF DEATH Month Day Year 11 10 58		
5. SEX Ma	6. COLOR OR 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 11-29-1890	9. AGE (In years) 67	
10a. USUAL OCCUPATION (Give kind of work done or principal source of life, even if retired) Mechanist		10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (City and state or country) Germany		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Frederick Paul		13b. MOTHER'S MAIDEN NAME Amelia Klein		14. NAME OF HUSBAND OR WIFE Anna E. Paul	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, year or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 505-05-9847	17. INFORMANT Address Mrs. Anna E. Paul, 6500 Charlotte, KC Mo		
18. CAUSE OF DEATH (Enter only one cause per life for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Death by Hanging</i>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					59842
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 checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter the nature of injury in PART I or PART II of item 18.) <i>Found hanging in basement</i>			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 11-10-58 p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>		COUNTY <i>Jackson</i>	STATE <i>Mo</i>
21. I attended the deceased from Death occurred at <i>11:00 A.M.</i> to _____ and last saw her alive on _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Hugh H. Owens</i> (Degree or title)			22b. ADDRESS <i>1034 Platte Bldg</i>		22c. DATE SIGNED <i>11-10-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>11-12-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Moriah Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City, Mo.</i>
24. FUNERAL DIRECTOR <i>Wagner Funeral Home, K C Mo</i>		ADDRESS	25. DATE RECD. BY LOCAL REG. <i>11-12-58</i>	26. REGISTRAR'S SIGNATURE <i>Irene Marshall</i>	

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
Hugh H. Owens

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 *Thomas A. Kuebler*

Licensed Embalmer No. *4995*
P. O. Address *D.C., 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.