

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004829

STATE FILE NUMBER

FILED FEB 24 1959 Registration District No. 64 Primary Registration District No. 4110 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY Chariton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Chariton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Salisbury		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Salisbury 6210
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 122 1/2 Broadway		Length of stay in lb 15 yrs	d. STREET ADDRESS (If outside, give location) 122 1/2 Broadway
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print)	First Gilbert	Middle Stewart	Last Paschen	4. DATE OF DEATH	Month Feb.	Day 19,	Year 1959
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5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan 29, 1910	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months Days	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) Bartender	10b. KIND OF BUSINESS OR INDUSTRY Tavern	11. BIRTHPLACE (City and state or country) Chariton County, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME August Dick Paschen	13b. MOTHER'S MAIDEN NAME Mary Katheryn Finnell	14. NAME OF HUSBAND OR WIFE XXXXXX
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) yes 1942	16. SOCIAL SECURITY NO. 496-10-5126	17. INFORMANT Mrs Claude Yohe, Brunswick, Mo.	Address
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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) <i>Lump of tumor in head</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Not known</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
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 nature of injury in PART I or PART II of item 18.) <i>Shot himself with sixteen gauge shot gun</i>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>His home</i>	20f. CITY, TOWN, OR LOCATION <i>Salisbury</i>	COUNTY <i>Chariton</i>	STATE <i>Mo.</i>
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21. I attended the deceased from Death occurred at <i>7:45 A.</i> to _____ and last saw him alive on _____	22a. SIGNATURE (Degree or title) <i>A. D. Stewart Coroner of Chariton County</i>	22b. ADDRESS <i>Kept with Mrs</i>	22c. DATE SIGNED <i>2/19/1959</i>
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23a. BURIAL, CREMATION, REMOVE (Specify) <i>burial</i>	23b. DATE <i>2/21/1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>City Cemetery</i>	23d. LOCATION (City, town, or county) <i>Salisbury, Mo.</i>
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24. FUNERAL DIRECTOR <i>Chas. B. Winkelmeyer, Salisbury, Mo.</i>	ADDRESS	25. DATE RECD. BY LOCAL REG. <i>2-20-59</i>	26. REGISTRAR'S SIGNATURE <i>Elmer Hawkins</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

6561 9 7 83+

MAY 6 1959

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 Chas B Winkelmeyer

Licensed Embalmer No. 3842
P. O. Address Salisbury, 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.