

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006712

STATE FILE NUMBER

FILED FEB 26 1959 Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CHARITON			
b. CITY (If outside of range lines, give TOWNSHIP only) OR TOWN WOODLAND		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN BRUNSWICK		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION WOODLAND			Length of stay in 1b 11 days		d. STREET ADDRESS (If outside, give location) E. BROADWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First ROMEO Middle JOHN Last PAUL				4. DATE OF DEATH Month JAN. Day 29 Year 1959			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH JAN. 23 1885 74	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAIL CARRIER				10b. KIND OF BUSINESS OR INDUSTRY MAIL CARRIER		11. BIRTHPLACE (City and state or country) CHARITON COUNTY, MO.	
13. FATHER'S NAME LOUIS M. PAUL				14. MOTHER'S MAIDEN NAME MARGARETE HABONTA			
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. Frankie Paul, Brunswick Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Mercuric Thrombosis							INTERVAL BETWEEN ONSET AND DEATH 12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Ayter's sclerosis		DUE TO (c) 4500			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Resident of Chariton Mo. Brunswick Mo.							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.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
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 1949 to Jan 29 59 and last saw him alive on Jan 29 59 Death occurred at 5:16 m on the date stated above; and to the best of my knowledge from the causes stated.							
22a. SIGNATURE (Degree or title) Will Terry M.D.				22b. ADDRESS M. 2nd St. W. 40		22c. DATE SIGNED Feb 14 59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Jan. 31, 1959		23c. NAME OF CEMETERY OR CREMATORY ELLIOTT GROVE		23d. LOCATION (City, town, or county) (State) BRUNSWICK MISSOURI	
24. FUNERAL DIRECTOR Heisel F.H., Brunswick Mo.				25. DATE RECD. BY LOCAL REG. Feb 16-59		26. REGISTRAR'S SIGNATURE Leah W. Coe	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

1961 6 T NVC

STATEMENT BY LICENSED EMBALMER

Jan. 6 1958

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..... *William R. Z...*

Licensed Embalmer No. *47*

P. O. Address *Brunswick*

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