Health, Welfare Public Service

300 -57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008875
STATE FILE NUMBER

FILED MAR 19 1959 Registration District No. 096 Primary Registration District No. Registrar's No. 14

1. PLACE OF DEATH
a. COUNTY: Dallas
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): S. Benton Twp. — Inside Limits: Yes ☐ No ☑
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 5½ mi S of Buffalo — Length of stay in 1b: 3 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: ~~Dallas~~ Jackson
c. CITY OR TOWN: Kansas City Mo. 3214 — Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): 6620 E. 16th St. — Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First: BETTY — Middle: JANE — Last: PAOLETTO

4. DATE OF DEATH: Month: 3 — Day: 12 — Year: 1959

5. SEX: F.

6. COLOR OR RACE: W.

7. MARRIED ☑ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: 4-24-1930

9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months: 8, Days: 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (City and state or country): Kansas City, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Richard Bland

13b. MOTHER'S MAIDEN NAME: Mary Moulder

14. NAME OF HUSBAND OR WIFE: Angie Paoletto

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.:

17. INFORMANT — Address: Frances Quainright Buffalo, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Suicide self inflicted
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) By 25 automatic Right
DUE TO (c) back of right ear

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 976X

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 6:30 a.m. p.m. — Month, Day, Year: 3-12-1959

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: Buffalo — **COUNTY**: Dallas — **STATE**: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: L. B. Jones — (Degree or title): Coroner

22b. ADDRESS: Buffalo Mo

22c. DATE SIGNED: 3-12-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 3-16-1959

23c. NAME OF CEMETERY OR CREMATORY: Mt. Washington

23d. LOCATION (City, town, or county): Kansas City, Mo. (State)

24. FUNERAL DIRECTOR — ADDRESS: L. B. Jones Buffalo, Mo.

25. DATE RECD. BY LOCAL REG.: 3/17/59

26. REGISTRAR'S SIGNATURE: Mrs Vera Petree

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be accepted. All diseases in Part I must be causally related.

MAR 20 1959

VS AUG 23 1960

VS APR 17 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 ....me...., Student Embalmer No. ....✓.... working under my personal supervision.

Student ....✓....
Signature of Student Embalmer

Signed ....R. E. Cheatham....

Licensed Embalmer No. ....3813....

P. O. Address ....Buffalo, 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.