

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012421

STATE FILE NUMBER

FILED MAY 11 1959

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 463

300
1-57

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Joseph, 0117 0
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hosp.		Length of stay in lb 52 years	d. STREET ADDRESS (If outside, give location) R. R. #6
3. NAME OF DECEASED (Type or print) First PAUL Middle HOWARD Last SEVERIN			4. DATE OF DEATH Month April Day 28, Year 1959
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept. 15, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher		10b. KIND OF BUSINESS OR INDUSTRY Packing Plant	9. AGE (In years, if UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months Days Hours Min. 57
11. BIRTHPLACE (City and state or country) Ord, Nebr.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Charles Severin		13b. MOTHER'S MAIDEN NAME Frances Kriz	14. NAME OF HUSBAND OR WIFE Junita
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Type no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-07-2185	17. INFORMANT Mrs. Lois Brown, Clarksdale, 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) GLIOBLASTOMA			INTERVAL BETWEEN ONSET AND DEATH UNK.
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) 1937			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 March 21, 1959 to April 25, 1959 and last saw her/him alive on April 29, 1959 Death occurred at 7:30 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>John Piper</i> (Degree or title)		22b. ADDRESS 1302 Parson	22c. DATE SIGNED 5-5-59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 5/1/1959	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph Missouri
24. FUNERAL DIRECTOR Hester Bowman		ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. May 7, 1959
26. REGISTRAR'S SIGNATURE <i>Mrs. Clark Cardell</i>			

All diseases in Part I must be causally related. Vector, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

DR. L. H. PIPER

Handwritten marks

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 *Eugene Wood*

Licensed Embalmer No. *3804*

P. O. Address *319 La 10th St. Jax*

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.