URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 043299

FILED VS DEC 21 1959

STATE FILE NUMBER

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 5

ENDED

1. PLACE OF DEATH
a. COUNTY: Bates
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Rich Hill — Length of stay in 1b: 6 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Fayett & Oak St. — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Rich Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Fayette & Oak St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: GRACE Middle: Last: PAULETIC

4. DATE OF DEATH: Month: December Day: 12 Year: 1959

5. SEX: female
6. COLOR OR RACE: white
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH: 8/15/1900
9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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: own home
11. BIRTHPLACE (City and state or country): Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Charles McKinney
13b. MOTHER'S MAIDEN NAME: Emma Moore
14. NAME OF HUSBAND OR WIFE: William Paulitic

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.: 496-10-1093
17. INFORMANT Address: William Paulitic-Rich Hill, 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): Diabetes Coma — INTERVAL BETWEEN ONSET AND DEATH: 7 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Diabetes — 4 yrs
DUE TO (c): Diabetes Gangrene of foot — 6 mos

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

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

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 a.m. p.m. Month, Day, Year
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 COUNTY STATE

21. I attended the deceased from Nov 8 1959 to Dec 12 1959 and last saw her alive on Dec 12 1959
Death occurred at 9 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [signature] — 22b. ADDRESS: Rich Hill Mo — 22c. DATE SIGNED: Dec 15 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 12/15/59
23c. NAME OF CEMETERY OR CREMATORY: St Bridgits Cemetery
23d. LOCATION (City, town, or county) (State): Rich Hill, Missouri

24. FUNERAL DIRECTOR ADDRESS: Booth Funeral Serv. Rich Hill, Mo.
25. DATE RECD. BY LOCAL REG.: 12-16-1959
26. REGISTRAR'S SIGNATURE: Mrs. Edna Dangl[illegible]

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER FEB 8 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John G. Underwo

Licensed Embalmer No. 35

P. O. Address Butler

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