

FILED VS MAY 3 1 1980

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-018527

Registration District No. 43 Primary Registration District No. 3007 STATE FILE NUMBER Registrar's No. 293

S. 300
v. 1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

| | | | |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>BUTLER</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CARTER</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>POPLAR BLUFF</u> TOWN Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>VAN BUREN</u> ⁰¹⁸⁰² Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOCTORS HOSPITAL</u> Length of stay in 1b <u>2-12 Hrs</u> | | d. STREET ADDRESS (If outside, give location) <u>VAN BUREN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED First <u>FLAVA</u> Middle Last <u>PAUL</u> | | | 4. DATE OF DEATH Month <u>MAY</u> Day <u>15</u> Year <u>1960</u> |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>11-28-1895</u> |
| 9a. AGE (In years last birthday) <u>64</u> | | 9b. IF UNDER 1 YEAR Months <u>5</u> Days <u>17</u> | 9c. IF UNDER 24 HRS Hours <u></u> Min. <u></u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u></u> | 11. BIRTHPLACE (City and state or country) <u>CARTER County, MO</u> |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>JOHN WASHINGTON CLARK</u> | |
| 13b. MOTHER'S MAIDEN NAME <u>EDITH HOUSE</u> | | 14. NAME OF HUSBAND OR WIFE <u>WALTER PAUL</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT Address <u>WALTER PAUL VAN BUREN MO</u> |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Acute Cholelithiasis with perforation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) <u>585X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Acute pancreatitis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>30 hours</u> |
| 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 <u>5-15-60</u> to <u>5-15-60</u> and last saw her/him alive on <u>5-15-60</u> Death occurred at <u>10:15 PM</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Eugene T. [Signature]</u> | | 22b. ADDRESS <u>Poplar Bluff, Mo</u> | 22c. DATE SIGNED <u>5-20-60</u> |
| 23a. BURIAL, CREATION, REMOVAL (Specify) <u>BURIAL</u> | 23b. DATE <u>5-20-1960</u> | 23c. NAME OF CEMETERY OR CREMATOR <u>VAN BUREN</u> | 23d. LOCATION (City, town, or county) (State) <u>VAN BUREN MO</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>McSpadden VAN BUREN, MO</u> | | 25. DATE RECD. BY LOCAL REG. <u>5/21/60</u> | 26. REGISTRAR'S SIGNATURE <u>[Signature]</u> |

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 DONALD B. SLOAN, Student Embalmer No. 606..... working under my personal supervision.

Student .. *Donald Sloan*
Signature of Student Embalmer

Signed .. *Allen C. McFadden*

Licensed Embalmer No. 4543.....

P. O. Address .. *Van Buren, 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.