

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042540

NOV 30 1960

Registration District No. 157 Primary Registration District No. 5585 Registrar's No. 232

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper			
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Madison Township		Length of stay in 1b 61 years	c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION Carthage Rt. # 1		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Route # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Edmund Middle Flowers Last Paugh			4. DATE OF DEATH Month November Day 3 Year 1960			
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-9-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (City and state or country) Jasper County, Mo.	12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Edmund Francis Paugh		13b. MOTHER'S MAIDEN NAME Nina Cooley		14. NAME OF HUSBAND OR WIFE Florence Paugh		
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. 486-32-8531	17. INFORMANT Address Mrs. Don Mitchell, Rt. # 2, Carthage			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shotgun wound of head					INTERVAL BETWEEN ONSET AND DEATH Instantaneous	
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) This man had marital troubles with wife and had recently reconciled.				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. NATURE AND HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) After shooting wife stuck muzzle of shotgun to head and pulled trigger.				
20c. TIME OF INJURY Hour 6:30 a.m. p.m. Month, Day, Year 11-3-60	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Madison Township	COUNTY Jasper	STATE Mo.	
21. I attended the deceased from Did not attend. and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <i>W. D. Coroner</i> (Degree or title) M.D. Coroner Jasper Co.			22b. ADDRESS Med. Arts Bldg. Joplin Mo.		22c. DATE SIGNED 11-21-60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 11-7-60	23c. NAME OF CEMETERY OR CREMATORY Fasken Cemetery	23d. LOCATION (City, town, or county) Jasper Co. Missouri		(State)	
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.		ADDRESS	25. DATE RECD. BY LOCAL REG. 11-23-60	26. REGISTRAR'S SIGNATURE <i>Ely Cluitas</i>		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 7 1980

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Melvin Garrett, Student Embalmer No. 60
working under my personal supervision.

Student Melvin Garrett Signed Edwin C. Stone
Signature of Student Embalmer

Licensed Embalmer No. 495

P. O. Address Portage

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.