

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-042541

NOV 30 1960

157

5585

233

STATE FILE NUMBER

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|--|--|---|--|
| 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 52 years | c. CITY OR TOWN Carthage |
| 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 |
| 3. NAME OF DECEASED (Type or print) First Florence Middle Paugh Last Paugh | | 4. DATE OF DEATH Month November Day 3 Year 1960 | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 4-12-08 |
| 9. AGE (last birthday) 52 | | IF UNDER 1 YEAR Months 52 Days 0 Hours 0 Min. 0 | IF UNDER 24 HR Hours 0 Min. 0 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Housewife | 11. BIRTHPLACE (City and state or country) Jasper County, Mo. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME Grant LeMasters | |
| 13b. MOTHER'S MAIDEN NAME Mina Campbell | | 14. NAME OF HUSBAND OR WIFE Edmund F. 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. 541-30-7566 | 17. INFORMANT 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) Gunshot wound of left chest Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | INTERVAL BETWEEN ONSET AND DEATH Less than 10 min. |
| 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. <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 type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Shot in left breast by reconciled husband who then killed himself. | |
| 20c. TIME OF INJURY Hour 6:00 a.m. 10-3-60 | 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 Twnshp. | 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>M.D. Coronor Jasper Co.</i> | | 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) (State) Jasper Co. Missouri |
| 24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo. | | 25. DATE RECD. BY LOCAL REG. 11-21-60 | 26. REGISTRAR'S SIGNATURE <i>Elly Clifton</i> |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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
Signature of Student Embalmer

Signed William B. Elmer

Licensed Embalmer No. 495

P. O. Address Gartha

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