

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

COPY

-61-035625

STATE FILE NUMBER

Registration District No. 252 Primary Registration District No. _____ Registrar's No. 92

AMENDED

FILED SEP 25 1961

| | | | |
|--|--|--|---|
| 1. COUNTY Taney | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Branson | | c. CITY OR TOWN Kansas City | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Skaggs Memorial Hospital | | d. STREET ADDRESS 1210 Broadway | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

| | | | | | |
|---|--|--|--|--|--|
| 3. NAME OF DECEASED (Type or print) First GROVER Middle CLEVELAND Last PAUL | | | 4. DATE OF DEATH Month September Day 6 Year 1961 | | |
|---|--|--|--|--|--|

| | | | | | | |
|-----------------------|----------------------------------|---|--------------------------------------|-------------------------------------|--|--|
| 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 3/21/1885 | 9. AGE (last birthday) 76 | 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) Owner & Operator | 10b. KIND OF BUSINESS OR INDUSTRY Hotel | 11. BIRTHPLACE (City and state or country) Kansas City, Missouri | 12. CITIZEN OF WHAT COUNTRY U.S.A. |
|--|---|--|--|

| | | |
|---|--|--|
| 13a. FATHER'S NAME John Joseph Paul | 13b. MOTHER'S MAIDEN NAME Alta Perrine | 14. NAME OF HUSBAND OR WIFE Mable Paul |
|---|--|--|

| | |
|---|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 17. INFORMANT Margaret R. Saunders, 701 E. 27 Terr. |
|---|---|

| | | |
|---|------------------|----------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Failure | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) | 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 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. Month, Day, Year _____ |
|--|

| | | | |
|--|--|--|--------------------------|
| 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 Branson, MO | COUNTY _____ STATE _____ |
|--|--|--|--------------------------|

| |
|--|
| 21. I attended the deceased from June 60 to Sept 6, 61 and last saw her/him alive on Sept 6, 61 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. |
|--|

| | | |
|--|------------------------------------|------------------------------------|
| 22a. SIGNATURE Charles C. Sears MD (Degree or title) | 22b. ADDRESS Branson, MO | 22c. DATE SIGNED 9-14-61 |
|--|------------------------------------|------------------------------------|

| | | | |
|--|-------------------------------|--|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 9/11/1961 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery | 23d. LOCATION (City, town, or county) (State) Kansas City Missouri |
|--|-------------------------------|--|--|

| | | | |
|---|------------------------------------|--|--|
| 24. FUNERAL DIRECTOR D.W. Newcomer's Sons | ADDRESS Kansas City, Mo. | 25. DATE RECD. BY LOCAL REG. 9-18-61 | 26. REGISTRAR'S SIGNATURE Helen Campbell |
|---|------------------------------------|--|--|

(Licensed Embalmer's Statement on Reverse Side)

AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

NOV 13 1961

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

Walter Cook

Licensed Embalmer No. 4731

P. O. Address Brown M

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.