

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-005050

FILED FEB 5 1962 319

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 8

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	<u>STE. GENEVIEVE</u>	a. STATE	<u>MO</u> b. COUNTY <u>STE. GENEVIEVE</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN	<u>STE. GENEVIEVE</u>	c. CITY OR TOWN	<u>STE. GENEVIEVE</u>
Length of stay in 1b		Inside Limits	
<u>LIFE</u>		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location)	Reside on Farm
<u>RH 2 BOX 1</u>		<u>RH 2 BOX 1</u>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH	
First	Middle	Last	Month	Day
<u>GLADYS</u>	<u>ELIZABETH</u>	<u>PAFF</u>	<u>JAN</u>	<u>30</u>
5. SEX			6. COLOR OR RACE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>
<u>FEMALE</u>			<u>WHITE</u>	8. DATE OF BIRTH
				<u>1/31/99 62</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country)	
<u>HOUSEWIFE</u>			<u>STE. GENEVIEVE MO USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE
<u>GODFREY HAUG</u>		<u>CORA LABRUYERE</u>		<u>WILLIAM PAFF</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address	
<u>NO</u>			<u>William Paff Sr. Ste. Genevieve Mo</u>	

18. CAUSE OF DEATH (Enter only one cause of line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>CARCINOMATOSIS (GENERALIZED)</u>		<u>1 1/2 yrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>ADENOCARCINOMA, SPINE, METASTATIC</u>	<u>1 YR 1</u>
	DUE TO (c) <u>ADENOCARCINOMA, UTERUS</u>	<u>6 YRS</u>
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 checked="" 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 5-28-60 to 1-30-62 and last saw her him alive on 1-30-62
 Death occurred at 10:22 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)	22b. ADDRESS	22c. DATE SIGNED
<u>G. W. De Genova MD</u>	<u>Ste Genevieve Mo</u>	<u>1-31-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY
<u>BURIAL</u>	<u>2/2/62</u>	<u>VALLE SPRING</u>
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.
<u>Geo C. Sachs Ste. Genevieve Mo</u>		<u>31 January 1962</u>
26. REGISTRAR'S SIGNATURE		
<u>George F. Wood</u>		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

FEB 15 1962

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 Adrian J. Eller

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve 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.