

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016354

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 282 Primary Registration District No. \_\_\_\_\_ Registrar's No. 48

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10840  
20840

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94200

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1290-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

<p><b>FILED MAY 3 1962</b></p> <p>1. PLACE OF DEATH</p> <p>a. COUNTY <u>Polk</u></p> <p>b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Johnson Twp.</u> Length of stay in lb <u>all life</u></p> <p>c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>2 miles N. Dunnegan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)</p> <p>a. STATE <u>Missouri</u> COUNTY <u>Polk</u></p> <p>c. CITY OR TOWN <u>Dunnegan</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>d. STREET ADDRESS (if outside, give location) <u>R. F. D. 1</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>			
<p>3. NAME OF DECEASED (Type or print) First Middle Last <u>Claude William Paul</u></p>			<p>4. DATE OF DEATH Month Day Year <u>4 19 1962</u></p>		
<p>5. SEX <u>M</u></p>	<p>6. COLOR OR RACE <u>W</u></p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH <u>10/25/62</u></p>	<p>9. AGE (last birthday) <u>69</u></p>	<p>IF UNDER 1 YEAR Months Days Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u></p>			<p>10b. KIND OF BUSINESS OR INDUSTRY</p>		<p>11. BIRTHPLACE (City and state or country) <u>Dunnegan, Missouri</u></p>
<p>12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u></p>					
<p>13a. FATHER'S NAME <u>David K. Paul</u></p>		<p>13b. MOTHER'S MAIDEN NAME <u>Belgie Fox</u></p>		<p>14. NAME OF HUSBAND OR WIFE <u>Martha</u></p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W. W. I</u></p>			<p>16. SOCIAL SECURITY NO. _____</p>		<p>17. INFORMANT Address <u>Mrs Martha Paul Dunnegan, Mo.</u></p>
<p>18. CAUSE OF DEATH (Enter only one cause per line if PART I. DEATH WAS CAUSED BY:</p> <p style="text-align: center;">IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u></p> <p style="text-align: center;">(Anteriosclerotic Heart Disease)</p> <p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____</p>					<p>INTERVAL BETWEEN ONSET AND DEATH</p>
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>				<p>PART III. If deceased was female was there a pregnancy in last 90 days.</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>	
<p>19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>			
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>					
<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>		<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from <u>June 17, 1959</u> to <u>March 31, 62</u> and last saw him alive on <u>March 31, 62</u></p> <p>Death occurred at <u>6:30 A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.</p>					
<p>22a. SIGNATURE <u>E. D. Smith M.D.</u> (Degree or title)</p>			<p>22b. ADDRESS <u>Bolivar Mo</u></p>		<p>22c. DATE SIGNED <u>4/23/62</u></p>
<p>23b. DATE <u>4/22/62</u></p>		<p>23c. NAME OF CEMETERY OR CREMATORY <u>Plum Grove Cemetery</u></p>		<p>23d. LOCATION (City, town, or county) (State) <u>Polk County Missouri</u></p>	
<p>23a. BURIAL, CREMATION, REMOVAL, (Specify) <u>Burial</u></p>			<p>24. FUNERAL DIRECTOR ADDRESS <u>Beckwith Funeral Home Humansville, Mo.</u></p>		
<p>25. DATE RECD. BY LOCAL REG. <u>April 25, 1962</u></p>			<p>26. REGISTRAR'S SIGNATURE <u>Ralph Gordon per Jewell Gordon</u></p>		

USE BLACK INK OR TYPEWRITER RIBBON

MAY 4 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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Humansville, 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.