

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-019074

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2513

**FILED MAY 31 1962**

VS 300	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	DATE AMENDED
Rev. 4/59		
1		
2 <u>8/1/62</u>		
3		
4 0		
5 0		
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7 1		
8 1		
9 X		
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11 23		
12 91-3		
13		
	DOCUMENT	
		MEDICAL CERTIFICATION
	BY AFFIDAVIT OF	

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Pottawatomie</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City, Mo. non Resident</u>		c. CITY OR TOWN <u>ST. Marys Kansas</u>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Six St. Traffic Way</u>		d. STREET ADDRESS (If outside, give location) <u>Yes</u> <input checked="" type="checkbox"/> <u>No</u> <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Nicholas Joseph Pauly</u>		4. DATE OF DEATH Month Day Year <u>May 6 1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-16-1911</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Truck Driver</u>		11. BIRTHPLACE (City and state or country) <u>Glen Elder Kans</u>	
13a. FATHER'S NAME <u>Jacob Pauly</u>		13b. MOTHER'S MAIDEN NAME <u>Catherin Carl</u>	
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.2</u>		17. INFORMANT <u>Mrs. M.B. Schneider</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock + hemorrhage, resulting from compound fracture of femur + by multiple fractures, fracture of acetabulum + superior ilium</u> DUE TO (b) <u>Causes, rupture of liver + spleen</u> 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		14. NAME OF HUSBAND OR WIFE <u>Manhattan Kans.</u>	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>was struck by a car</u>	
20c. TIME OF INJURY Hour a.m. p.m. <u>5-662</u>	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.) <u>Street</u>	20f. CITY, TOWN, OR LOCATION <u>Township Jackson Swo</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Ruth Long</u>		22b. ADDRESS <u>6625 Park of Jones</u>	22c. DATE SIGNED <u>5-7-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-8-62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Calvary</u>	
24. FUNERAL DIRECTOR <u>Lapetina 538 Campbell</u>		25. DATE REC'D. BY LOCAL REG. <u>5-8-62</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>

(Licensed Embalmer's Statement on Reverse Side)

