MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11661-62-044707 STATE FILE NUMBER

FILED DEC 14 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
8 & 9	12/30/96 & 65	12/30/95 & 66	12/28/62

BY AFFIDAVIT OF Informant DOCUMENT Army Record

MEDICAL CERTIFICATION

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St, Louis — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN University City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 7158 Vernon — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First RICHARD Middle Last PADDOCK

4. DATE OF DEATH Month Day Year Dec 4 1962

5. SEX Male
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 12/30/1896 ~~1895~~
9. AGE (last birthday) ~~66~~ 65 — 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) Physician
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) Terre Haute Indiana
12. CITIZEN OF WHAT COUNTRY U. S.A.

13a. FATHER'S NAME Charles Paddock
13b. MOTHER'S MAIDEN NAME Nancy Mitchell
14. NAME OF HUSBAND OR WIFE Mildred Lee Paddock

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. I Navy
16. SOCIAL SECURITY NO. no
17. INFORMANT Address Mildred Lee Paddock 7158 Vernon

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) METASTATIC CARCINOMA - DIFFUSE — INTERVAL BETWEEN ONSET AND DEATH 1 MO.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ADENO CARCINOMA OF PERITONEAL STOMACH — 6 MO.
DUE TO (c) 151X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PARTIAL INTESTINAL OBST. DUE TO ABOVE

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 7-26-62, to 12-4-62 and last saw her/him alive on 12-4-62
Death occurred at 4 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Henry Gaffner M.D.
22b. ADDRESS 3720 Washington Blvd
22c. DATE SIGNED 12-5-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12/6 1962
23c. NAME OF CEMETERY OR CREMATORY Roselawn Cemetery
23d. LOCATION (City, town, or county) (State) Terre Haute Indiana

24. FUNERAL DIRECTOR ADDRESS Lupton Chapel 7233 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. DEC 5- 1962
26. REGISTRAR'S SIGNATURE Hoad Smith. M.D.

Paddock
City Vise
Dr. Heinz Haffner

1 to 3 P.M.
Room 1002
3720 Washington

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 Clarence H. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, 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.