

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14320

State File No.

BIRTH NO. FILED APR 24 1956 REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Ray		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY (If outside corporate limits, write RURAL and give township) Richmond		c. CITY OR TOWN Lexington	
c. LENGTH OF STAY (in this place) 9 months		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penny Rest Home		STREET ADDRESS (If rural, give location) 1835 Oneida	

3. NAME OF DECEASED (Type or Print) JESSE			a. (First)			b. (Middle) ELMER			c. (Last) PARIS			4. DATE OF DEATH (Month) (Day) (Year) April 13 1956			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 8, 1876			9. AGE (in years last birthday) 79		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 5		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farming				11. BIRTHPLACE (City and State or Foreign Country) Iowa				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Joel Paris			13b. MOTHER'S MAIDEN NAME Not Known			14. NAME OF HUSBAND OR WIFE Mary Lena Thurman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 499-16-1559			17. INFORMANT'S SIGNATURE OR NAME Mrs. Jesse Paris			ADDRESS Lexington, Mo.		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Chronic Nephritis						?	
		ANTECEDENT CAUSES						?	
		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis						?	
		DUE TO (c) chronic myocarditis						?	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 442x						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from April 3, 1956, to April 12, 1956, that I last saw the deceased alive on April 12, 1956, and that death occurred at 7:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE Thomas D. Cook, M.D.			23b. ADDRESS Richmond Missouri			23c. DATE SIGNED April 17, 1956		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 15 '56		24c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery		24d. LOCATION (City, town, or county) (State) Lexington, Missouri		
DATE REC'D BY LOCAL REG. April 17, 1956		REGISTRAR'S SIGNATURE Mabel Jackson		25. FUNERAL DIRECTOR'S SIGNATURE Harriet F. Temple		ADDRESS Lexington, Missouri		

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0.300
0.48

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C

Mar. 17th 1956

MAY 16 1956

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 *Norman W. T. Lawson*.....

Licensed Embalmer No. *4888*.....

P. O. Address *Leopoldo*.....

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.