

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9165

State File No. \_\_\_\_\_

FILED MAR 25 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. 3046 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY <u>Monteau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Monteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u> <u>0687</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. So. Oak</u>		d. STREET ADDRESS (If rural, give location) <u>So. Oak R.F.D. 0</u>	

3. NAME OF DECEASED (Type or Print) <u>IVAN</u>	a. (First)	b. (Middle) <u>HUBERT</u>	c. (Last) <u>PAPEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 19 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 24, 1916</u>	9. AGE (In years last birthday) <u>35</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>25</u>	IF UNDER 6 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Insulation</u>	11. BIRTHPLACE (State or foreign country) <u>Linn Creek, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Sam L. Papen</u>	13b. MOTHER'S MAIDEN NAME <u>Minnie Crabtree</u>	14. NAME OF HUSBAND OR WIFE <u>Mildred Hodges</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>440-16-7881</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mildred Papen</u> ADDRESS <u>California Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>California Monteau Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Jan, 1951, to March 17, 1952, that I last saw the deceased alive on March 19, 1952, and that death occurred at maxim., from the causes and on the date stated above.

23a. SIGNATURE <u>R.S. Pulke, M.D.</u> (Degree or title)	23b. ADDRESS <u>California, Mo</u>	23c. DATE SIGNED <u>3-20-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>buried</u>	24b. DATE <u>3-22-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Highpoint</u>	24d. LOCATION (City, town, or county) (State) <u>Highpoint Mo</u>
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DATE REC'D BY LOCAL REG. <u>3-22-52</u>	REGISTRAR'S SIGNATURE <u>W.R. Popgoy</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>A. E. Wilson</u> ADDRESS <u>California Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0687

MAR 31 1953

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*A. E. Wilson*

Signed.....  
Student Embalmer

Licensed Embalmer No. *2351*

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.