

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7922

333  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5390</u>		Registrar's No. <u>24</u>			
1. PLACE OF DEATH a. COUNTY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Springcreek Twp.</u>		c. LENGTH OF STAY (in this place) <u>60 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u>				d. STREET ADDRESS (If rural, give location) <u>Rt. 3 Salem Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alva</u>		b. (Middle) <u>Givens</u>		c. (Last) <u>Pace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Mch. 20-49</u>			
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>Nov. 15-1866</u>		9. AGE (In years last birthday) <u>82</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer and Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>			
13a. FATHER'S NAME <u>John Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Cornwell</u>		14. NAME OF HUSBAND OR WIFE <u>Golda Pace</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Golda Pace</u>		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hemorrhage pulmonary</u>  ANTECEDENT CAUSES <u>Pulmonary Tuberculosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>U. S.</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>May 3</u> , 19 <u>46</u> , to <u>Mch 20</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Mar. 20</u> , 19 <u>49</u> , and that death occurred at <u>9.00A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>M. M. Hart</u> (Degree or title)				23b. ADDRESS <u>Salem Mo.</u>		23c. DATE SIGNED <u>Mar. 21-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar 22-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Warden Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Dent Co., Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Mar. 21-49</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl R. Spencer</u>		ADDRESS <u>Salem Mo.</u>			

97m (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8

District File Number 347-229

Date Filed 3-31-49

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 .....  
Student Embalmer

Signed *Wm. W. McDonald*

Licensed Embalmer No. 3806

P. O. Address *Salem 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.