

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 3 1949

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 124

1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Cedar</u>	
c. LENGTH OF STAY (In this place) <u>12 Da.</u>		d. STREET ADDRESS (If rural, give location) <u>Columbia R.F.D #4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOE</u> b. (Middle) <u>R.</u> c. (Last) <u>Pace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 - 17 - 1949</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 3 - 1878</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTH PLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>M. G. Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Mary E. Turner</u>		14. NAME OF HUSBAND OR WIFE <u>Lydia M. Pace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Lydia M. Pace</u> ADDRESS <u>Columbia, Mo.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adenocarcinoma of stomach</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</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 <u>Myocardial weakness, damage to auricular musculature</u>			<u>unknown</u>

19a. DATE OF OPERATION <u>4-11-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Infiltrative carcinoma of stomach with metastasis to liver- also polycystic kidneys</u>		19c. 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 4-6-49, 19 , to 4-17-49, 19 , that I last saw the deceased alive on 4-17-49, 19 , and that death occurred at 9:19Am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Carl Laughlin, Jr. D.O.</u>		23b. ADDRESS <u>Kirksville, Mo.</u>		23c. DATE SIGNED <u>4-20-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-19-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Liberty Cemt.</u>	
		24d. LOCATION (City, town, or county) <u>Ashland, Mo.</u>		(State)	

DATE REC'D BY LOCAL REG. <u>4-25-49</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. C. Burnett</u> ADDRESS <u>Ashland Mo</u>	
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED

District Health Officer

District File Number 54

Date Filed MAY 2 19

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 W. C. Burnett

Licensed Embalmer No. 3564

P. O. Address Ashland, Mo.

*Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.