

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 39925

BIRTH NO. 6259132 REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4506 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex</b>		c. LENGTH OF STAY (in this place) <b>Life</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Essex</b>		703 0 0
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Joe</b> b. (Middle) <b>Nolan</b> c. (Last) <b>Mace</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 6, 1949</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>Aug. 13, 1949</b>	9. AGE (In years last birthday) <b>2</b>	IF UNDER 1 YEAR Months Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Essex, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Austin Mace</b>		13b. MOTHER'S MAIDEN NAME <b>Rosette Layton</b>		14. NAME OF HUSBAND OR WIFE <b>single</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Austin Mace Essex, Missouri</b>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia - Broncho.</b>  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.				INTERVAL BETWEEN ONSET AND DEATH  ADDITIONAL INFORMATION #
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				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"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <b>Nov 2</b> , 1949, to <b>Nov 6</b> , 1949, that I last saw the deceased alive on <b>Nov 5</b> , 1949, and that death occurred at <b>8</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>W. H. New MD</b>			23b. ADDRESS <b>Essex Mo</b>		23c. DATE SIGNED <b>11/9/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>11-7-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Link Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bloomfield, Mo. R. 1</b>	
DATE REC'D BY LOCAL REG. <b>11-14-49</b>	REGISTRAR'S SIGNATURE <b>Rose Watkins</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Watkins Funeral Ser. Dexter, Mo.</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED NOV 21 194  
District Health Office No.  
District File Number 1149-11  
Date Filed

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

*Was not Embalmed*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed

*Walter Marsh Walker*

Licensed Embalmer No.

*4717*

P. O. Address

*Deeter, 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.