

No. 300
to 48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41837
49217
63

FILED DEC 27 1949

State File No. _____
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>4355</u>	
1. PLACE OF DEATH a. COUNTY <u>New Madrid</u> b. CITY OR TOWN <u>New Madrid</u> c. LENGTH OF STAY (in this place) _____			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Ark.</u> b. COUNTY <u>Ouachita</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Camden</u> d. STREET ADDRESS (If rural, give location) <u>105 Ross St.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Chester</u> b. (Middle) _____ c. (Last) <u>##00# Pace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov, 28 1949</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug. 18-45 04</u>	9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR <u>8</u> MONTHS <u>18</u> DAYS <u>18</u> IF UNDER 1 HR. <u>0</u> MIN.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Rail Road ex Gang</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cotton Belt R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>Nevado Co Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.a.</u>
13a. FATHER'S NAME <u>Jordan Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Tinnie Pace</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Fannie Pace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, state unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>431-14-8558</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Fannie 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>truck and motor car</u> ANTECEDENT CAUSES DUE TO (b) <u>hit on Rail Road Crossing</u> DUE TO (c) <u>on Highway 61# Fractured skull and body broken up.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>New Madrid</u> <u>Wno</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11-28-49</u> m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Hit by truck</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Leo Hedgcock, Coroner</u>			23b. ADDRESS <u>New Madrid, Mo</u>		23c. DATE SIGNED <u>Nov 29, 49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) _____	24b. DATE <u>12-4-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Ouachita Co Arkansas.</u>		
DATE REC'D BY LOCAL REG. <u>Dec 13-49</u>	REGISTRAR'S SIGNATURE <u>Nelson Louis Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Benj. F. Williams</u> ADDRESS <u>Camden, Ark</u>		

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

RECEIVED DEC 20 194
District Health Office No. 2
District File Number 1249-12
Date Filed _____

DEC 27 194

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.

Signed _____

L. S. Hadgimith

Signed _____
Student Embalmer

Licensed Embalmer No. 3803

P. O. Address New Madrid

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.