

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20974

State File No.

FILED JUL 12 1950 REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Moniteau Co

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Moniteau

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker c. LENGTH OF STAY (In this place) Life

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker

d. FULL NAME OF HOSPITAL OR INSTITUTION North Owen St. d. STREET ADDRESS (If rural, give location) North Owen St.

3. NAME OF DECEASED
a. (First) Joseph b. (Middle) Griffen c. (Last) Pace

4. DATE OF DEATH (Month) (Day) (Year)
June 30 1950

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married

8. DATE OF BIRTH Dec 11, 1864 **9. AGE** (In years last birthday) 85 If UNDER 1 YEAR: (Month) (Day) (Year) 6 19 If UNDER 1 YEAR: (Hours) (Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired "Ret" **10b. KIND OF BUSINESS OR INDUSTRY** Section Foreman

11. BIRTHPLACE (State or foreign country) Missouri Cole. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME Benjman Pace **13b. MOTHER'S MAIDEN NAME** Un Known **14. NAME OF HUSBAND OR WIFE** Cora Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY NO.** None **17. INFORMANT'S SIGNATURE OR NAME** Mrs. Victor Smith Jamestown Mo **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.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

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 NO

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)
California Moniteau Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?**

22. I hereby certify that I attended the deceased from June 30, 1950, to June 30, 1950, that I last saw the deceased alive on June 30, 1950, and that death occurred at 6/30A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. D. Dorian D.O. **23b. ADDRESS** California **23c. DATE SIGNED** 7/1/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** 7/2/1950 **24c. NAME OF CEMETERY OR CREMATORY** City Cemetery **24d. LOCATION** (City, town, or county) (State) California, Mo

DATE REC'D BY LOCAL REG. July 1-50 **REGISTRAR'S SIGNATURE** H. R. Poppy **202** **25. FUNERAL DIRECTOR'S SIGNATURE** Essie R. Dorian - California **ADDRESS**

(Licensed Embalmer's Statement on Reverse Side)

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

680

JUL 27 1950

RECEIVED 7-11-50
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-11-50

JUL 12 1950

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 Earl R. Bowlin

Signed.....
Student Embalmer

Licensed Embalmer No. 2126

P. O. Address California

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.