

FILED OCT 31 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33345

State File No.

BIRTH NO. _____ REG. DIST. NO. 138 PRIMARY REG. DIST. NO. 5529 Registrar's No. 31

430
1

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

1. PLACE OF DEATH a. COUNTY <u>Hickory</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Weaubleau</u>		c. LENGTH OF STAY (in this place) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Weaubleau Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Collins (Rural)</u> <u>0930</u>	
3. NAME OF DECEASED a. (First) <u>Mary</u>		d. STREET ADDRESS (If rural, give location) <u>Doyal Township</u>	
b. (Middle) <u>C. Keller</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10.26/1950</u>	
c. (Last) _____		5. SEX <u>Female</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>3/22/1888</u>		9. AGE (In years last birthday) <u>62</u> IF UNDER 1 YEAR <u>3</u> Months IF UNDER 24 HRS. <u>12</u> Hours <u>12</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeping</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>St. Clair County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Michael Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Francis</u>	
14. NAME OF HUSBAND OR WIFE <u>Deceased</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>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Minnie Elliott Osceola 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u> ANTECEDENT CAUSES: <u>Senile debility</u> Morbidity 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>7824</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		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 (Month) (Day) (Year) (Hour) OF INJURY <u>none</u> m.	
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 <u>1944</u> to <u>10/26</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/26</u> , 19 <u>50</u> , and that death occurred at <u>10:10</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>H. P. Easton M.D.</u>		23b. ADDRESS <u>Weaubleau Mo.</u>	
23c. DATE SIGNED <u>Oct 27 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>10/29/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>	
24d. LOCATION (City, town, or county) (State) <u>Osceola Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. B. ... Osceola Mo</u>	
DATE REC'D BY LOCAL REG. <u>Oct 28-1950</u>		REGISTRAR'S SIGNATURE <u>W. P. Hargiss</u>	

RECEIVED 10/30/50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 10/30/50

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 *J. B. Bradich*

Licensed Embalmer No. 3038

P. O. Address *Quincy 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.