

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5615

State File No. ....

FILED FEB 27 1951

BIRTH NO. 37378-50 REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 5947 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>		b. COUNTY <b>Phelps</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>		c. LENGTH OF STAY (In this place) <b>2 wks.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. James</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South city limits</b>		d. STREET ADDRESS (If rural, give location) <b>South city limits</b>			

3. NAME OF DECEASED (Type or Print) <b>BETTY JO MACE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 16, 1951</b>		
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>Wh.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Infant</b>	8. DATE OF BIRTH <b>June 7, 1950</b>		9. AGE (In years last birthday) <b>8</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>--</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Ermal Mace</b>		13b. MOTHER'S MAIDEN NAME <b>Anna Belle Witzke</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Ermal Mace</b>	
				ADDRESS <b>Rolla, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchopneumonia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</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) _____		<b>491X</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Postintestinal diarrhea</b>		<b>2 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. 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) (Min.)		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 February 16, 1951, to Feb. 16, 1951, that I last saw the deceased alive on 2-16, 1951, and that death occurred at 11:20 m., from the causes and on the date stated above.

23a. SIGNATURE <b>C. W. Hammler, M.D.</b>		(Degree or title)		23b. ADDRESS <b>St. James, Mo.</b>	
				23c. DATE SIGNED <b>2-16-51</b>	

24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 18, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Roach Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Phelps Co., Mo.</b>	

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>Feb. 22-51</b> <b>Carla E. Birmingham</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul E. Zull</b>		ADDRESS <b>Rolla, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelos County Health Officer,

County File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

2/26/51

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**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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.