S. No. 300
V. 10.48

Baldwin
FILED JUL 16 1951

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 22601

BIRTH NO. _____ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 73

1. PLACE OF DEATH
a. COUNTY: Dunklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
c. LENGTH OF STAY (In this place): 16Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Dunklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kennett
d. STREET ADDRESS (If rural, give location): 603 Clipper St.

3. NAME OF DECEASED (Type or Print)
a. (First): Tilda
b. (Middle): Francis
c. (Last): Pace

4. DATE OF DEATH (Month) (Day) (Year): July 1st-1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: June 2nd-1901
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 0 Days 29 — IF UNDER 24 HRS.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: X
11. BIRTHPLACE (State or foreign country): Paducah Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Daniel Miller
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Edith Mauppin 603 Clipper ADDRESS: Kennett

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) Cirrhosis of liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yr.

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): ___

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ___ m.
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 26, 1951, to July 1, 1951, that I last saw the deceased alive on June 30, 1951, and that death occurred at 9.15 Am., from the causes and on the date stated above.*

23a. SIGNATURE: Paul Eddery (Degree or title) M.D.
23b. ADDRESS: Kennett, Mo.
23c. DATE SIGNED: 7-5-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3-1951
24c. NAME OF CEMETERY OR CREMATORY: Oak Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Kennett Mo.

DATE REC'D BY LOCAL REG.: 7-10-1951
REGISTRAR'S SIGNATURE: Earl Hudson
25. FUNERAL DIRECTOR'S SIGNATURE: Lentz Service ADDRESS: Kennett Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 7-12-51

COUNTY FILE NUMBER 751-184

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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 .....

.....,

working under my personal supervision.

Student Embalmer No. .....

Signed Edgar Lee Ford

Licensed Embalmer No. 4433

P. O. Address Kennett Mo

Signed .....
Student Embalmer

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.