

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27890**

FILED SEP 4 1951

BIRTH NO. _____		REG. DIST. NO. 282		PRIMARY REG. DIST. NO. 4424		Registrar's No. 104		
1. PLACE OF DEATH a. COUNTY Polk				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Clair				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Humansville		c. LENGTH OF STAY (in this place) 2 hrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN R. #1		0930		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Geo. Dinmitt Memorial Hos				d. STREET ADDRESS (If rural, give location) Collins				
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH					
a. (First) Eben			b. (Middle) B.			c. (Last) Pace		
			4. DATE OF DEATH			8 18 51		
5. SEX M		6. COLOR OR RACE Wh		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 7, 1882		
9. AGE (In years last birthday) 68		# UNDER 1 YEAR Months 9		# UNDER 1 YEAR Days 11		# UNDER 1 YEAR Hours Min. 		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) Center Town, Mo.		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Griffin Pace		13b. MOTHER'S MAIDEN NAME Sarah Bird		14. NAME OF HUSBAND OR WIFE Mabel	
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. --		17. INFORMANT'S SIGNATURE OR NAME Mabel Pace ADDRESS Collins, Mo				
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: 1) Concussion 2) Compound fracture of rt. tibia 3) Shock 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Crossing highway		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Weaubleau Hickory MO				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Aug 18 1951 A.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Automobile accident				
22. I hereby certify that I attended the deceased from Aug 18, 1951 , to Aug 18, 1951 , that I last saw the deceased alive on Aug 18, 1951 , and that death occurred at 7:30 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Ralph S. McPants, M.D.				23b. ADDRESS Humansville, Mo.		23c. DATE SIGNED 8-18-51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 8-22-51		24c. NAME OF CEMETERY OR CREMATORY Murry Cemetery		24d. LOCATION (City, town, or county) (State) Russellville, Mo.		
DATE REC'D BY LOCAL REG. 8-20-1951		REGISTRAR'S SIGNATURE Ralph Borden		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Primm Funeral Home, Humansville, Mo.				

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

COMMISSION OF HEALTH OF MO.

District No. 5 - Springfield

RECEIVED AUG 28 1951

Dist. File 851-1559

Date Filed 8-28-51

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 O. H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Hannsville 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.