

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

796

State File No.

FILED JAN 30 1952

BIRTH NO. REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 5424 Registrar's No. 2

350
1

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

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural-Union Twp.</u>		<u>1350</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home-Campbell, Rte. 1</u>			d. STREET ADDRESS (If rural, give location) <u>Campbell, Rte. 2</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>OTIS</u> b. (Middle) <u>ELDRIDGE</u> c. (Last) <u>PAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 9 1952</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 16, 1882</u>	9. AGE (In years last birthday) <u>69</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>23</u>	IF UNDER 4 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Moses Garland Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Mandy Jane Hurt</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Pace</u>	
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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>Kate Pace, Campbell, Mo. Rte. 1</u>		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>High Blood Pressure</u> DUE TO (c) <u>3 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>Jan 9</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 9, 1952, to Jan 9, 1952, that I last saw the deceased alive on Jan 9, 1952, and that death occurred at 7:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. Carkleton, D.O.</u>	23b. ADDRESS <u>Malden, Mo.</u>	23c. DATE SIGNED <u>Jan 11 1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 11, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Elder Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell, Mo. Rte. 1</u>
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DATE REC'D BY LOCAL REG. <u>Jan 18 1952</u>	REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Landess Funeral Home Campbell, Mo</u>
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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 1-21-52

COUNTY FILE NUMBER 152-20

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 *Christina M. Sanders*

Licensed Embalmer No. *227*

P. O. Address *Campbell, 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.