

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6170

State File No.

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4461 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE MO. b. COUNTY ST. FRANCOIS	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BISMARCK		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN BISMARCK	
d. FULL NAME OF HOSPITAL OR INSTITUTION AT HOME		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) JAMES c. (Last) DACE			4. DATE OF DEATH (Month) (Day) (Year) FEB. 8, 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July-29-1885
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Hours 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY SAME	11. BIRTHPLACE (State or foreign country) DOE RUN, MO.
12. CITIZEN OF WHAT COUNTRY? U. W. A.		13a. FATHER'S NAME SAMUEL DACE	
13b. MOTHER'S MAIDEN NAME ANNA HAMMER		14. NAME OF HUSBAND OR WIFE EMMA DACE	
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. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. EMMA DACE BISMARCK, 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* (a) <u>Coronary Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arterio Sclerosis</u> 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 331X	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 <u>2-8</u> , 19 <u>52</u> , to <u>2-8</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-8</u> , 19 <u>52</u> , and that death occurred at <u>4:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. W. Steuffman</u> M. D.		23b. ADDRESS BISMARCK, MO.	23c. DATE SIGNED 2-10-1952
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 2-10-1952	24c. NAME OF CEMETERY OR CREMATORY Masonic	24d. LOCATION (City, town, or county) (State) BISMARCK, MO.
DATE REC'D BY LOCAL REG. <u>Feb. 14, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Rusloff</u>	FUNDRAISER'S SIGNATURE ADDRESS <u>John N. Shipman Bismarck, MO.</u>	

APR 24 1952

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 John H. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.