

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43175

State File No.

FILED DEC 22 1952

REG. DIST. NO. 300 PRIMARY REG. DIST. NO. 6029 Registrar's No. 24

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

1. PLACE OF DEATH a. COUNTY Reynolds		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE mo b. COUNTY Reynolds	
b. CITY (If outside corporate limits, write RURAL and give township) Ellington - Rural		c. CITY (If outside corporate limits, write RURAL and give township) Ellington 09021	
c. LENGTH OF STAY (in this place) 70 yrs.		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION own Home			

3. NAME OF DECEASED (Type or Print) a. (First) Albert b. (Middle) Benjamin c. (Last) Pace			4. DATE OF DEATH (Month) (Day) (Year) Dec. 10 - 52		
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5. SEX m	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 26, 1866	9. AGE (In years last birthday) 86	IF UNDER 1 YEAR Months 10 Days 14	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Washington Co MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Allen P. Pace		13b. MOTHER'S MAIDEN NAME Eliza Farrel		14. NAME OF HUSBAND OR WIFE Sarah Pace			
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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) No		16. SOCIAL SECURITY NO. unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sarah Pace, Ellington, MO			
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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						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intestinal regurgitation,</u>		ANTECEDENT CAUSES						Chronic	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Lobar Pneumonia</u>							
		DUE TO (c) <u>direct cause of death</u>						3 days	
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"/>	
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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) Sugar Township MO	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec 1, 1952, to Dec 10, 1952, that I last saw the deceased alive on Dec 9, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A. F. Burg, M.D.		23b. ADDRESS Ellington Mo		23c. DATE SIGNED Dec 11 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 13 1952		24c. NAME OF CEMETERY OR CREMATORY Rumburg Cemetery		24d. LOCATION (City, town, or county) Reynolds Co. MO.	
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DATE REC'D BY LOCAL REG. Dec 18/52		REGISTRAR'S SIGNATURE Essie Evans		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seaton Pruitt Van Swen	
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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

Seaton Peritt

Licensed Embalmer No. *2287*

P. O. Address *Van Buren 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.