

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **1990**

FILED JAN 26 1953

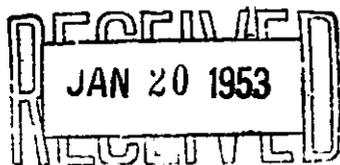
BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 4254 Registrar's No. 21

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 1

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

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson	
b. CITY OR TOWN Knob Noster		c. LENGTH OF STAY (in this place) 10 yrs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION		c. CITY OR TOWN Knob Noster 1510	
		d. STREET ADDRESS (If rural, give location) 1	
3. NAME OF DECEASED (Type or Print) Benjamin B. Pace			4. DATE OF DEATH Jan. 14, 1953
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 26, 1864
9. AGE (in years last birthday) 88	IF UNDER 1 YEAR: Months 3 Days 18	IF UNDER 1 Mth. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Gen. mercantile	11. BIRTHPLACE (City and State or Foreign Country) Pettis Co., Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Jacob Pace		13b. MOTHER'S MAIDEN NAME Betty Ann Mason	14. NAME OF HUSBAND OR WIFE Deceased
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 Miss Pearl Pace, Knob Noster, 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) Bronchial Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Hypertensive			
DUE TO (b) _____			
DUE TO (c) _____		191X	
II. OTHER SIGNIFICANT CONDITIONS Carcinoma of the rectum		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) ✓	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Knob Noster, Johnson	(COUNTY) Mo (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> WHOLELY <input type="checkbox"/> NOT WHOLELY <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 12, 1953 , to Jan 14, 1953 that I last saw the deceased alive on Jan 14, 1953 , and that death occurred at 8:40A m. , from the causes and on the date stated above.			
23a. SIGNATURE J. H. Brown		23b. ADDRESS Knob Noster, Mo	23c. DATE SIGNED Jan 15-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 16	24c. NAME OF CEMETERY OR CREMATORY Hickory Point Cemetery	24d. LOCATION (City, town, or county) 11 miles S.E. Knob Noster (State)
DATE REC'D BY LOCAL REG. Jan 16-52	REGISTRAR'S SIGNATURE Ema L. Beatty	25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker	ADDRESS Knob Noster, Mo.

(Licensed Embalmers' Statement on Reverse Side)



JOHNSON COUNTY HEALTH DEPT.

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 W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Kuof Hoster, 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.