

THE DIVISION OF HEALTH OF MASSACHUSETTS
STANDARD CERTIFICATE OF DEATH

9286

140933 / 181
LED MAR 25 1953

State File No.

BIRTH NO. REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 29

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

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (In this place) 11 mos.	
d. FULL NAME OF HOSPITAL OR INSTITUTION None home		c. CITY (If outside corporate limits, write RURAL and give township) Salem, Mo. 0331	
		d. STREET ADDRESS (If rural, give location) 0	
3. NAME OF DECEASED (Type or Print) PAMELA		4. DATE OF DEATH (Month) (Day) (Year) MAR 20 1953	
a. (First)		b. (Middle)	
c. (Last) Pace			
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH MAR. 19, 1953
9. AGE (In years last birthday) 11		10. MONTHS 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BABY		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Salem, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Lemuel Buel Pace		13b. MOTHER'S MAIDEN NAME Rosalie Mounce	
14. NAME OF HUSBAND OR WIFE None			
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 Lemuel Pace, Salem, Mo.		ADDRESS	
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) Premature Infant. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 8 month pregnancy DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. D. W. S. Dillon examined baby at time of death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 776x	
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)		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 _____ 19____ to _____ 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ 1:22 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Donald G. Blackwell (Degree or title) 3		23b. ADDRESS Salem, Mo.	
23c. DATE SIGNED 3-20-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-21-53	
24c. NAME OF CEMETERY OR CREMATORY Union Cemetery		24d. LOCATION (City, town, or county) (State) Dent County, Mo.	
DATE REC'D BY LOCAL REG. 3-26-53		REGISTRAR'S SIGNATURE M. M. Hart, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Robert S. Gault		ADDRESS Salem, Mo.	

(Licensee Embalmer's Statement on Reverse Side)

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

Harold C. Blackwell

Licensed Embalmer No. 4713

P. O. Address Jackson, 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.