

STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 7 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 4424 Registrar's No. 81

1. PLACE OF DEATH  
a. COUNTY Polk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE Missouri b. COUNTY St. Clair

b. CITY (If outside corporate limits, write RURAL and give township) OR Humansville c. LENGTH OF STAY (in this place) 2 days

c. CITY (If outside corporate limits, write RURAL and give township) OR Collins 0930

d. FULL NAME OF HOSPITAL OR INSTITUTION Dimmitt Hospital

d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED  
a. (First) Clara b. (Middle) Susan c. (Last) Pace

4. DATE OF DEATH (Month) (Day) (Year)  
June 23 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Nov; 6, 1881 9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeping 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Missouri 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Wily Smith 13b. MOTHER'S MAIDEN NAME Harriet Elkins 14. NAME OF HUSBAND OR WIFE James Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME James Pace, Collins Missouri ADDRESS \_\_\_\_\_

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
Diabetes mellitus

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) \_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH 6-8 yrs.

ANTECEDENT CAUSES  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
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 \_\_\_\_\_ 20. AUTOPSY? YES  NO

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) Collins Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from July, 1946 to June, 1953, that I last saw the deceased alive on June 23 1953 and that death occurred at 6:45 A. M., from the causes and on the date stated above.

23a. SIGNATURE D. E. Robinson M.D. (Degree or title) 23b. ADDRESS Humansville, Mo. 23c. DATE SIGNED 6/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 6/26/53 24c. NAME OF CEMETERY OR CREMATORY Holsapple 24d. LOCATION (City, town, or county) (State) Collins Mo.

DATE REC'D BY LOCAL REG. July 1, 1953 REGISTRAR'S SIGNATURE Ralph Garden per Duell Garden 25. FUNERAL DIRECTOR'S SIGNATURE F. B. Goodrich ADDRESS Collins Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

2840

**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 *J. P. Baulch*

Licensed Embalmer No. 3038

P. O. Address *Asheville N.C.*

**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.