No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32766

FILED SEP 28 1953

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Osceola
c. LENGTH OF STAY (In this place): 13 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Waites Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Collins Mo
d. STREET ADDRESS (If rural, give location): 0 9.30 0

3. NAME OF DECEASED (Type or Print)
a. (First): Asa
b. (Middle): –
c. (Last): Pace

4. DATE OF DEATH (Month) (Day) (Year): Sept. 6, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0
8. DATE OF BIRTH: Dec, 7, 1873
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Collins Missouri 0
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Benjamin Pace
13b. MOTHER'S MAIDEN NAME: Nancy Allen
14. NAME OF HUSBAND OR WIFE: —

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.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mrs. A.B.Capps, Humansville 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

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: 4-20-1
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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
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* Aug 30, 1953, *to* 9-6, 1953, *that I last saw the deceased alive on* 9-3, 1953, *and that death occurred at* 7 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ruth Beevers MD
23b. ADDRESS: Osceola Mo
23c. DATE SIGNED: 9-8-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-9-1953
24c. NAME OF CEMETERY OR CREMATORY: Helsapple
24d. LOCATION (City, town, or county) (State): Collins Missouri

DATE REC'D BY LOCAL REG.: 9-8-53
REGISTRAR'S SIGNATURE: Ruth Beevers
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: J B Goodrich Osceola Mo

(Licensed 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 J B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.