

No. 300  
10.48

FILED JUN 22 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17817

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4014 Registrar's No. 71

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax</u>	c. LENGTH OF STAY (In this place) <u>18 hr.</u>	c. CITY OR TOWN <u>Chillicothe</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>Community Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>503 1/2 Boehner Bldg.</u> <u>0592</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Ether</u>	b. (Middle) <u>Matilda</u>	c. (Last) <u>Mace</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>June 13, 1954</u>
-------------------------------------	-------------------------	----------------------------	-----------------------	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>April 21, 1884</u>	9. AGE (In years last birthday) <u>70</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
----------------------	-------------------------------	---	--	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Trenton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	---	---	--

13a. FATHER'S NAME <u>James Plants</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Oscar L. Mace</u>
--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>645-34-8703</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Lora Browne</u> ADDRESS <u>Oregon, Missouri</u>
--	--	---

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, ashenia, 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>Coronary Occlusion</u>		<u>1 week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> <u>1 week</u> DUE TO (c) <u>Arteriosclerosis and atherosclerosis</u> <u>unknown</u>		
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 <u>4201</u>	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) (Min.) _____	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 Sept 18, 1953, to June 13, 1954, that I last saw the deceased alive on June 13, 1954, and that death occurred at 10:40 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>James J. Sweeney M.D.</u>	23b. ADDRESS <u>Oregon, Missouri</u>	23c. DATE SIGNED <u>6/15/54</u>
---	--------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15, 1954</u>	24c. NAME OF CEMETERY OR CREMATOR <u>Avalon</u>	24d. LOCATION (City, town, or county) (State) <u>Avalon, Missouri</u>
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. <u>June 17, 1954</u>	REGISTRAR'S SIGNATURE <u>Marvin J. Schoeber</u> <u>443-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Pittman</u> ADDRESS <u>Oregon Mo.</u>
---	--	--

(Licensed Embalmers' Statement on Reverse Side)

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

AUG 25 1957

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 .....  
Signature of Student Embalmer

Signed *James R. Pettigrove* .....  
Licensed Embalmer No. *3192* .....  
P. O. Address *Oregon* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.