

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8897

State File No.

FILED MAR 28 1955

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>5796</u>		Registrar's No. <u>15</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY OR TOWN <u>Mc Hick</u>		c. LENGTH OF STAY (In this place) <u>1</u>		c. CITY OR TOWN <u>Mc Hick</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 _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>JOSEPHINE</u> c. (Last) <u>PAGE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 16 1955</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>July 30-1868</u>	
9. AGE (In years last birthday) <u>86</u>		10. MONTHS <u>7</u>		11. DAYS <u>16</u>		12. IF UNDER 1 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>Russellville Mo. 0</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jerry Bernhard Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Sophronia Manes</u>		14. NAME OF HUSBAND OR WIFE <u>John Pace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, (unknown)) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jerry Pace</u>		ADDRESS <u>Mc Hick Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ 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 _____				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) <u>Mc Hick</u> (STATE) <u>MO</u>			
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? <u>4500</u>			
22. I hereby certify that I attended the deceased from <u>May 7 1948</u> , to <u>Mar. 16 1955</u> , that I last saw the deceased alive on <u>Mar. 15 1955</u> , and that death occurred at <u>4 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>D. J. Quinn D.O.</u>				23b. ADDRESS <u>California, Mo</u>		23c. DATE SIGNED <u>3/16/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-18-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mc Hick Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mc Hick Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/19/54</u>		REGISTRAR'S SIGNATURE <u>Helen Papyoyo</u>		506 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thugh E. Williams</u>		ADDRESS <u>California Mo</u>	

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

MAR 31 1935

MAR 29 1935

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 *Hugh E Williams*

Licensed Embalmer No. 3537

P. O. Address *California*

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.