

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15007**

FILED JUN 13 1955

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 174

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| 1. PLACE OF DEATH a. COUNTY Cole | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cole | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson City, | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 109 Adams | | d. STREET ADDRESS (If rural, give location) 109 Adams | |

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| 3. NAME OF DECEASED (Type or Print) Isabella Jane Pace | | | 4. DATE OF DEATH June 3, 1955 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 20 1866 | | 9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months 1 Days 13 IF UNDER 24 HRS. Hours 13 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY OWN | | 11. BIRTHPLACE (City and State or Foreign Country) Penn | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | | |

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| 13a. FATHER'S NAME Theopolis Daughtery | 13b. MOTHER'S MAIDEN NAME Utkunon | 14. NAME OF HUSBAND OR WIFE C.L. Pace |
| 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. _____ | 17. INFORMANT'S SIGNATURE OR NAME Mrs W.L. Morrow ADDRESS Jefferson City, Mo. |

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|--|--|---|--|----------------------------------|--|
| 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) _____ | | Anterior Hypertension | | 9 years | |
| ANTECEDENT CAUSES | | DUE TO (b) _____ | | 9 years | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | Anterior Atherosclerosis | | | |
| DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 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) (STATE) 447 X |
| 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 5/16 1955 to 6/3 1955, that I last saw the deceased alive on 6/4 1955, and that death occurred at 11:50P m., from the causes and on the date stated above.

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| 23a. SIGNATURE Edward Carter M.D. (Degree or title) | 23b. ADDRESS Jefferson City, Mo. | 23c. DATE SIGNED 6/11/55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE June 6, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery |
| 24d. LOCATION (City, town, or county) (State) Jefferson City, Mo. | | |

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|---|--|---|
| DATE REC'D BY LOCAL REG. June 6-1955 | REGISTRAR'S SIGNATURE R.P. Darrin | 25. FUNERAL DIRECTOR'S SIGNATURE Victor Buecher ADDRESS Jefferson City, Mo. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Ental

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 _____

Udo Busch

Licensed Embalmer No. *3101*

P. O. Address *Jefferson City*

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.