

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32704

State File No. ....

FILED NOV 10 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 3014 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission): --a. STATE <u>Mo</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>Kennett</u>		c. CITY OR TOWN <u>Malden</u>	
c. LENGTH OF STAY (in this place) <u>5 days</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>Priessell Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Malden via Base</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Belle</u> c. (Last) <u>Pace</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30 1955</u>
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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>Feb 4 - 1882</u>	9. AGE (in years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>26</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Cuba Landing, Tenn.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>W.S. Mays</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Daniel</u>	14. NAME OF HUSBAND OR WIFE <u>Deceased</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.C. Pace</u> ADDRESS <u>Malden Mo.</u>
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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, asphyxia, 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>Lobar Pneumonia</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) <u>190X</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Subtle Metastatic Uremia</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 10-26, 1955, to 10-30, 1955, that I last saw the deceased alive on 10-30, 1955, and that death occurred at 2:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W.C. Wilson M.D.</u>	23b. ADDRESS <u>Kennett Mo.</u>	23c. DATE SIGNED <u>11/1/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov. 1, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Keel Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Waverly Tenn</u>
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DATE REC'D BY LOCAL REG. <u>11-2-1955</u>	REGISTRAR'S SIGNATURE <u>Court Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leah Service</u> ADDRESS <u>Kennett Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT ..11-9-55.....  
COUNTY FILE NUMBER 1155-348

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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 *Edgar Lee Ford*

Licensed Embalmer No. *443*

P. O. Address *Kennett*

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.