

X No. 300
10. 48

IN FANT

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24653

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 6969 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Fair township</u>		c. CITY OR TOWN <u>Tracy, Mo.</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) <u>life time</u>		e. STREET ADDRESS (If rural, give location) <u>2830</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Platte County</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Everett</u>	b. (Middle) <u>Eugene</u>	c. (Last) <u>Pace</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1956</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>5-24-1954</u>	9. AGE (In years last birthday) <u>2</u>	10. UNDER 1 YEAR Months _____	11. UNDER 1 YEAR Days _____	12. UNDER 24 HRS. Hours _____	13. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INFANT</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Leavenworth, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William W. Pace</u>	13b. MOTHER'S MAIDEN NAME <u>Florence M. Pace</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Warren Love</u>	ADDRESS <u>Pooholton Leavenworth, 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>INTERNAL INJURIES</u>		
	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. <u>AUTO ACCIDENT</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) <u>ACCIDENT</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HIGHWAY</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>FAIR TWP.</u> (COUNTY) <u>PLATTE</u> (STATE) <u>MO.</u>
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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 _____
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at APPROX. 2:30p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Coland M. Giffee, Coroner</u>	(Degree or title) _____	23b. ADDRESS <u>Platte City, Mo.</u>	23c. DATE SIGNED <u>7-14-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>7-16-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Larkin Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Platte County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7.16.56</u>	REGISTRAR'S SIGNATURE <u>Opelia Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rollins-Mitchell Funeral Home</u>	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

Platte City, Mo.

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

