

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38186**
Registrar's No. **4820**

FILED NOV 28 1956

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1009**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. 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) 11 yrs.		e. STREET ADDRESS (If rural, give location) 4622 East 7th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION RESEARCH HOSPITAL			
3. NAME OF DECEASED a. (First) MATHEW b. (Middle) FRANCIS c. (Last) PAGE			4. DATE OF DEATH (Month) (Day) (Year) NOV. 7, 1956
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 13, 1875
9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Days - - -	IF UNDER 2 HRS. Hours - - - Min. - - -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own Business	11. BIRTHPLACE (City and State or Foreign Country) St. Clair Cty, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Michael Pace	
13b. MOTHER'S MAIDEN NAME Martha Ann Francis		14. NAME OF HUSBAND OR WIFE Unknown	
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 D. H. Early ADDRESS 4622 East 7th St. K. C. Mo.
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Marked gastric interstitial bleeding INTERVAL BETWEEN ONSET AND DEATH 24 hrs ANTECEDENT CAUSES DUE TO (b) Vit K deficiency + liver failure DUE TO (c) Cholelithiasis - common duct obstruction II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary edema Broncho pneumonia	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 Nov 7, 1956 , to Nov 7, 1956 , that I last saw the deceased alive on Nov 7, 1956 , and that death occurred at 2:40 p m. , from the causes and on the date stated above.			
23a. SIGNATURE E. G. Kettner <i>E. G. Kettner</i>		(Degree or title) M.D.	23b. ADDRESS Kansas City, Mo
23c. DATE SIGNED 11/8/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Nov. 8, 1956	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Stockton, Missouri
DATE REC'D BY LOCAL REG. 11-8-56	REGISTRAR'S SIGNATURE Nevar Marshall	25. FUNERAL DIRECTOR'S SIGNATURE C. H. Blackman + Son Inc. ADDRESS K.C., Mo.	

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

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.....

Licensed Embalmer No.....

P. O. Address

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.