

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42602**

FILED JAN 10 1957

BIRTH NO. _____ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 447

1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Francois Twp.</u>		c. CITY OR TOWN <u>Dexter</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>8mo. 13da</u>		e. STREET ADDRESS (If rural, give location) <u>King St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #4</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOHN</u>	b. (Middle) <u>WILLIAM</u>	c. (Last) <u>MACE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 19, 1956</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 19, 1886</u>	9. AGE (In years last birthday) <u>70</u>	if UNDER 1 YEAR Months <u>11</u>	if UNDER 1 YEAR Days <u>0</u>	if UNDER 24 Hrs. Hours <u></u>	if UNDER 24 Hrs. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Ed Mace</u>	13b. MOTHER'S MAIDEN NAME <u>Lizzie Womack</u>	14. NAME OF HUSBAND OR WIFE <u>Stella Eaton 2nd.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-10-5720</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Records, State Hosp. #4, Farmington, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary thrombosis, - - - - -</u>		<u>Abt. 6 hours</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular renal disease - - - - -</u> DUE TO (c) <u>- - - - -</u>		<u>Unknown.</u>
II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

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)
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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?
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22. I hereby certify that I attended the deceased from April 6, 1956, to Dec. 19, 1956, that I last saw the deceased alive on Dec. 19, 1956, and that death occurred at 3:15a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John P. Brennan, M.D.</u>	23b. ADDRESS <u>State Hospital No. 4, Farmington, Mo.</u>	23c. DATE SIGNED <u>12-19-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Route 1, Dexter, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-18-56</u>	REGISTRAR'S SIGNATURE <u>Ether Rudloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Home, Dexter, Missouri</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
C. J. Cozart

Licensed Embalmer No. 4089

P. O. Address Farmington

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.