

FILED FEB 4 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

857

State File No.

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>	c. LENGTH OF STAY (in this place) <u>4 days</u>	c. CITY OR TOWN <u>Washington</u>	d. 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>St. Francis Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>812 W. Fifth St.</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) Henrietta b. (Middle) A. c. (Last) Pace
4. DATE OF DEATH (Month) (Day) (Year)
Jan 28 1957

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widowed 8. DATE OF BIRTH May 28 1879 9. AGE (In years last birthday) Months Days Hours Min.
77 8 0 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
School teacher 10b. KIND OF BUSINESS OR INDUSTRY
Public Schools 11. BIRTHPLACE (City and State or Foreign Country)
Sturgeon, Missouri 12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME Unknown 13b. MOTHER'S MAIDEN NAME
Louise Cook 14. NAME OF HUSBAND OR WIFE
William Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) No 16. SOCIAL SECURITY NO.
None 17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Charles B. Pace, Atlanta, Ga 957 SWARTHMORE DR. NW

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
Cardiac Decompensation
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
DUE TO (b) Chronic Myocarditis
DUE TO (c) Chronic Bronchitis + pulmonary fibrosis
II. OTHER SIGNIFICANT CONDITIONS
Tuberculosis
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? 3
YES NO

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)
002X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 1948, 19____, to Jan 28, 1957, that I last saw the deceased alive on Jan 28, 1957 and that death occurred at 3:00 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
[Signature] 23b. ADDRESS
Washington Mo 23c. DATE SIGNED
1/28/57

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24b. DATE
Jan 30 1957 24c. NAME OF CEMETERY OR CREMATORY
Catholic Cemetery 24d. LOCATION (City, town, or county) (State)
Sullivan, Missouri

DATE REC'D BY LOCAL REG.
1/29/57 REGISTRAR'S SIGNATURE
[Signature] 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
[Signature] Washington Mo
(Licensed Embalmer's Statement on Reverse Side)

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

99-0

FEB 6 1957

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 Lester A. Velt

Licensed Embalmer No. 3254
P. O. Address Washington

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.