

FILED APR 4 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9341**

BIRTH NO. _____		REG. DIST. NO. 187		PRIMARY REG. DIST. NO. 4302		Registrar's No. 90	
1. PLACE OF DEATH a. COUNTY LIVINGSTON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY LIVINGSTON			
b. CITY (If outside corporate limits, write RURAL and give township) Child		c. LENGTH OF STAY (in this place) 7 years		c. CITY OR TOWN Child		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 <input checked="" type="checkbox"/>				e. STREET ADDRESS (If rural, give location) 0590			
3. NAME OF DECEASED (Type or Print) a. (First) Robert		b. (Middle) Sterling		c. (Last) Pace		4. DATE OF DEATH (Month) (Day) (Year) March 23 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 27 1875		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 10 Days 26	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Lincoln County Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME John Pace		13b. MOTHER'S MAIDEN NAME Mary Alexander		14. NAME OF HUSBAND OR WIFE Senae Pace			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Senae B. Pace Child 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH 2 min	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis of Coronary Arteries				5 yrs	
		DUE TO (c) General arteriosclerosis				10 yrs	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" 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)		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 Feb 6 , 19 57 , to March 23 , 19 57 , that I last saw the deceased alive on March 22 , 19 57 , and that death occurred at 9:15 p m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) T. L. Milegzo D.O. 2				23b. ADDRESS Chillicothe Mo		23c. DATE SIGNED 3/25/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/26/1957	24c. NAME OF CEMETERY OR CREMATORY Plainview Cemetery		24d. LOCATION (City, town, or county) (State) Child Missouri		
DATE REC'D BY LOCAL REG. 3/25/57		REGISTRAR'S SIGNATURE Francis B Neale		25. FUNERAL DIRECTOR'S SIGNATURE F. J. Robertson		ADDRESS Funeral Home Child Mo	

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

171-0

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.....
J. Robertson

Licensed Embalmer No. *4388*

P. O. Address *Laredo, Tex.*

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.