

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006735  
STATE FILE NUMBER

FILED MAR 7 - 1958

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>Phelps</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Phelps</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. James</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>St. James</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>108 Cartall Ave</b>			Length of stay in lb <b>6 months</b>			d. STREET ADDRESS <b>108 Cartall Ave</b> (If outside, give location)		
3. NAME OF DECEASED (Type or print) <b>ERMAL</b> <sup>First</sup> <b>ADAM</b> <sup>Middle</sup> <b>MACE</b> <sup>Last</sup>				4. DATE OF DEATH Month <b>March</b> Day <b>1</b> Year <b>1958</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 1, 1925</b>		9. AGE (In years last birthday) <b>32</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Station Operator</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Service Stat</b>		11. BIRTHPLACE (City and state or country) <b>Edgar Springs, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>John Mace</b>				14. MOTHER'S MAIDEN NAME <b>Beatrice Craddock</b>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>Yes</b>		17. INFORMANT <b>Mrs Anna Belle Mace</b> Address <b>St. James, MO</b>				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute myocarditis</b> DUE TO (b) <b>Surgical operation on heart</b> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from <b>Feb. 27 - 58</b> to <b>Feb. 28 - 58</b> and last saw her alive on <b>Feb. 28 - 58</b> Death occurred at <b>1:10A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Wm. F. A. Schultiz M.D.</b>				22b. ADDRESS <b>St. James Mo</b>		22c. DATE SIGNED <b>3-1-58</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>March 3, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Roach Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Phelps Co. Missouri</b>		
24. FUNERAL DIRECTOR <b>Paul E. Hull</b> ADDRESS <b>Rolla, Missouri</b>			25. DATE RECD. BY LOCAL REG. <b>3-1-58</b>		26. REGISTRAR'S SIGNATURE <b>Ruth B. Powell</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

RECEIVED

Phelps County Health Officer,

County File Number ~~946~~ 978

Date Filed 3-5-58

MAR 11 1958

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..... *Paul E. N...*

Licensed Embalmer No... 44

P. O. Address... *Rolla*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.