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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 16 1958

58-017135
STATE FILE NUMBER

Registration District No. 369 Primary Registration District No. 4538 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY WAYNE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN PIEDMONT — Inside Limits Yes [X] No [ ] c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in lb	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY WAYNE c. CITY OR TOWN PIEDMONT 111 — Inside Limits Yes [X] No [ ] d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print) First MARTHA Middle Last DACE

4. DATE OF DEATH Month MAR. Day 31 Year 1958

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]

8. DATE OF BIRTH APR. 27, 1881

9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 11 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY HOME

11. BIRTHPLACE (City and state or country) KY.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME WILLIAM CHRISTAN

13b. MOTHER'S MAIDEN NAME MINERVA WRIGHT

14. NAME OF HUSBAND OR WIFE CLUMBUS W. DACE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. ✓

17. INFORMANT C. W. DACE Address PIEDMONT, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) decompensating heart, malnutrition

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) complete insanity - pt could

DUE TO (c) be fed properly 309X

INTERVAL BETWEEN ONSET AND DEATH

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 [ ] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]

20b. 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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 1950, to 3/8/58 and last saw her/him alive on Jan, 1958
Death occurred at 1:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) T. H. Cline M.D.

22b. ADDRESS Piedmont, Mo.

22c. DATE SIGNED 4/8/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 4-3-58 19

23c. NAME OF CEMETERY OR CREMATORY IMBODEN

23d. LOCATION (City, town, or county) ELLINGTON (State) MO.

24. FUNERAL DIRECTOR GISH FUNERAL HOME ADDRESS PIEDMONT MO

25. DATE RECD. BY LOCAL REG. April 9, 1958

26. REGISTRAR'S SIGNATURE Hazel Ward

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

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RECEIVED
APR 10 1958
WAYNE CO. HEALTH CENTER
FILE No.

APR 18 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 ....me...., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed ....Marvin E. Bowles....

Licensed Embalmer No. ....4426....

P. O. Address ....Fleetwood....

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.