Health,
& Welfare
Public
Service

S. 300
1-57

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-037158
STATE FILE NUMBER

FILED NOV 7 1958 Registration District No. 215 Primary Registration District No. 4327 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY: Miller
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Iberia — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Home — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Miller
c. CITY OR TOWN: Iberia, — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 066 0 0 — Reside on Farm Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: George Middle: W. Last: Mace

4. DATE OF DEATH Month: Nov. Day: 1 Year: 1958

5. SEX: male 0

6. COLOR OR RACE: white

7. MARRIED [ ] **NEVER MARRIED** [ ] **WIDOWED** [X] 2 **DIVORCED** [ ]

8. DATE OF BIRTH: Dec 6, 1868

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months: Days: — IF UNDER 24 HRS.: Hours: Min.:

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

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Camden Co Mo 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: William Mace

13b. MOTHER'S MAIDEN NAME: Lizzie ~~Mace~~ Trent

14. NAME OF HUSBAND OR WIFE: Mary Katherine Mace

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: Marjorie Hix Ulman Mo — Address:

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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): Congestive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Mitral Stenosis — yrs
DUE TO (c): 410X

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 [ ] 0

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 10/31/58 and last saw her/him alive on 10/31/58.
Death occurred at 7 30 A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wm. A. Gould DO (Degree or title) 2

22b. ADDRESS: Iberia Mo

22c. DATE SIGNED: 11/1/58

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

23b. DATE: 11/3/58

23c. NAME OF CEMETERY OR CREMATORY: Iberia

23d. LOCATION (City, town, or county) (State): Iberia, Missouri

24. FUNERAL DIRECTOR: Hedges Funeral Homes — **ADDRESS**: Iberia, Mo

25. DATE RECD. BY LOCAL REG.: Nov. 2. 1958

26. REGISTRAR'S SIGNATURE: Jessie Perkins

(Licensed Embalmer's Statement on Reverse Side)

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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NOV 10 1958

DEC 23 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 Walter J. Hedge

Licensed Embalmer No. 4265

P. O. Address Perry, Mo

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.