# URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 22 1960

-60-031499

STATE FILE NUMBER

ENDED

Registration District No. 254 Primary Registration District No. 4386 Registrar's No. 37

**1. PLACE OF DEATH**
a. COUNTY Oregon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Thayer — Length of stay in Ib 7 hours
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION — Inside Limits Yes ☑ No ☐

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Howell
c. CITY OR TOWN Peace Valley — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print) First: Nola Middle: Lee Last: Pace

**4. DATE OF DEATH** Month Day Year: August 2, 1960

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 4-5-17
9. AGE (last birthday): 43
IF UNDER 1 YEAR: Months Days — IF UNDER 24 HR: 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: Domestic
11. BIRTHPLACE (City and state or country): Alabama
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: George Pearson
13b. MOTHER'S MAIDEN NAME: Hilda Harris
14. NAME OF HUSBAND OR WIFE: Joseph Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT: Joseph Pace, Peace Valley, Mo. — Address

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): Post Partum Hemorrhage & Shock — INTERVAL BETWEEN ONSET AND DEATH: 1 3/4 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Spontaneous Delivery of Normal Male infant
DUE TO (c): at 11:47 pm

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☒ Yes ☐ No ☐ Unknown

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 Aug 1 1960, to Aug 2 1960 and last saw her/him alive on Aug 2 1960
Death occurred at 1:00 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: C W Cooper (Degree or title) MD
22b. ADDRESS: Thayer Mo
22c. DATE SIGNED: Aug 2 1960

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 8-4-1960
23c. NAME OF CEMETERY OR CREMATORY: New Hope Cemetery
23d. LOCATION (City, town, or county) (State): Peace Valley, Missouri

24. FUNERAL DIRECTOR: Leland Carter — ADDRESS: West Plains Mo
25. DATE RECD. BY LOCAL REG.: 8-6-1960
26. REGISTRAR'S SIGNATURE: Arthur Wolff

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Eleanor Carter

Signature of Student Embalmer

Licensed Embalmer No. 4516

P. O. Address West Plains

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