

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041341

FILED VS NOV 21 1966/1

STATE FILE NUMBER

Registration District No. 6/1 Primary Registration District No. 4107 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Spgs, Mo</u>		c. CITY OR TOWN <u>El Dorado Springs</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>7. Summer St</u>		d. STREET ADDRESS (If outside, give location) <u>R.R. 1.7. Summer</u>	

3. NAME OF DECEASED (Type or print) First <u>CORA</u> Middle <u>ELLEN</u> Last <u>PACE</u>			4. DATE OF DEATH Month <u>NOV.</u> Day <u>13</u> Year <u>60</u>		
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>July 3-1893</u>	9. AGE (last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Cedar Springs, Mo</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Joe Davidson</u>	13b. MOTHER'S MAIDEN NAME <u>Prinda Stott</u>	14. NAME OF HUSBAND OR WIFE <u>John Pace</u>	

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. <u>497-30-4706</u>	17. INFORMANT <u>Irene Cartledge, Hawthorn, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Coronary Occlusion</u>		<u>Sudden</u>
DUE TO (b) <u>Arteriosclerotic heart disease</u>		<u>Years</u>
DUE TO (c)		

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
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21. I attended the deceased from 6-30-59 to 10/21/60 and last saw her alive on 10/21/60
Death occurred at 2:00 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>C. Sunderwirth D.D.</u>	22b. ADDRESS <u>El Dorado Springs, Missouri</u>	22c. DATE SIGNED <u>11/12/60</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>11-15-60</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sandridge</u>	23d. LOCATION (City, town, or county) (State) <u>RR. Pace town, MO</u>
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24. FUNERAL DIRECTOR <u>Nafus Funeral Home</u> ADDRESS <u>El Dorado</u>	25. DATE RECD. BY LOCAL REG. <u>11-12-60</u>	26. REGISTRAR'S SIGNATURE <u>Ruth M. Nafus</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 30 1960

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 _____
Signature of Student Embalmer

Signed *Hugh S. Allen*

Licensed Embalmer No. *2844*

P. O. Address *Elkorado Sp*

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.