

SOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-023729

STATE FILE NUMBER

Registration District No. 347 Primary Registration District No. _____ Registrar's No. 18

AMENDED

FILED JUN 27 1961

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Salena Mo 87.3</u>		c. CITY OR TOWN <u>Salena Mo</u>	
Length of stay in 1b <u>Libe</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>Roscoe</u> Last <u>Pace</u>			4. DATE OF DEATH Month <u>June</u> Day <u>15</u> Year <u>1961</u>
5. SEX <u>m</u>	6. COLOR OR RACE <u>wh</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>0619-1894</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>General</u>	9. AGE (last birthday) <u>67</u>
13a. FATHER'S NAME <u>William Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Beatrice Jeffries</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown) (If yes, give war or dates of service) <u>World War #1</u>		14. NAME OF HUSBAND OR WIFE <u>Deceased (Beatrice Pace)</u>	
16. SOCIAL SECURITY NO. <u>INFORMANT</u>		Address <u>Roscoe Pace - Salena Mo 87-3</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Inst</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ 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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT 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 <u>at death</u> to _____ and last saw him <u>live</u> on <u>6-15-61</u> Death occurred at <u>3:30p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Walker Sheriff acting Coroner - Salena Mo</u>		22b. ADDRESS	22c. DATE SIGNED <u>6-15-1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>June 17 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Yalund Pond</u>	23d. LOCATION (City, town, or county) (State) <u>Beeds Springs</u>
24. FUNERAL DIRECTOR <u>Everett J. Cheatham</u>		25. DATE RECD. BY LOCAL REG. <u>June 22-1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. James Brown</u>

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena 9MO

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.