

CERTIFICATE OF DEATH

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 216

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/68

DECEASED—NAME FIRST MIDDLE LAST Roy Webster Mace			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) September 19, 1968	
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—LAST BIRTHDAY (YEARS) MOS. DAYS 77	UNDER 1 YEAR MOS. DAYS 77	UNDER 1 DAY HOURS MIN. March 22, 1891	COUNTY OF DEATH Henry
CITY, TOWN, OR LOCATION OF DEATH Clinton, Missouri			INSIDE CITY LIMITS (SPECIFY YES OR NO) yes	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) Clinton General Hospital	
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Nebraska		CITIZEN OF WHAT COUNTRY USA		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Mae Frances Brown
SOCIAL SECURITY NUMBER 487-12-8382		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) Farmer		KIND OF BUSINESS OR INDUSTRY Farming	
RESIDENCE—STATE Missouri		COUNTY Cass	CITY, TOWN, OR LOCATION Garden City		INSIDE CITY LIMITS (SPECIFY YES OR NO) yes
FATHER—NAME FIRST MIDDLE LAST Bart Mace			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Lillie Barnes		
INFORMANT—NAME Mrs. Mae Mace			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Garden City, Missouri 64747		
PART I. DEATH WAS CAUSED BY: [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]					APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Myocardial Infarction DUE TO, OR AS A CONSEQUENCE OF: (b) Arteriosclerotic Heart Disease DUE TO, OR AS A CONSEQUENCE OF: (c) Arteriosclerosis					8 days > 4 years
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) Rheumatic Heart Disease & Nitroglycerine					AUTOPSY (YES OR NO) no
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 1B)	
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		
CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM	MONTH DAY YEAR 4/3/64	MONTH DAY YEAR 9/19/68	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR 9/19/68	I DID/DID NOT VIEW THE BODY AFTER DEATH. DID	DEATH OCCURRED (HOURS) AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. 8:35 P
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR OF THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH 8:35 P M	THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR 9 19 68	HOUR OF DEATH 8:35 P M
CERTIFIER—NAME (TYPE OF PRACTICE) W.D. BRADSHAW, M.D.		SIGNATURE <i>W.D. Bradshaw, M.D.</i>		DEGREE OF TITLE MD	DATE SIGNED (MONTH, DAY, YEAR) 9/21/68
MAILING ADDRESS—CERTIFIER 114 W. JEFFERSON		CITY OR TOWN CLINTON MISSOURI		STATE MISSOURI	
BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		CEMETERY OR CREMATORY—NAME Garden City		LOCATION CITY OR TOWN STATE Garden City, Missouri	
DATE (MONTH, DAY, YEAR) 9/22/1968		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Atkinson-Dickey Garden City, Missouri 64747			
FUNERAL DIRECTOR—SIGNATURE <i>Lee J. Lindsey</i>		REGISTRAR—SIGNATURE <i>Mildred Begum</i>		DATE RECEIVED BY LOCAL REGISTRAR 9-21-68	

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

PARENTS

CAUSE

CERTIFIER

BUR

Type or print in PERMANENT BLACK INK. See handbook for instructions.

9. 0
10a. 77
10b.
11. 1
12. 1
13. 4109
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 1-0

912 2234

OCT 2 - 1968

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 Billy L. Hickey

Licensed Embalmer No. 4685

P. O. Address Harden City, 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.

Permit obtained 9-21-68 (MB)