

FILED JUN 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15410

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 3018 Registrar's No. 42

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Salem	
c. LENGTH OF STAY (in this place) 1 yr		d. STREET ADDRESS (If rural, give location) --	
d. FULL NAME OF HOSPITAL OR INSTITUTION East Salem, Missouri			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Ray	b. (Middle) Evan	c. (Last) Pace	(Month) May	(Day) 23,	(Year) 1949

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH May 10, 1941	9. AGE (in years last birthday) 8	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Boy	10b. KIND OF BUSINESS OR INDUSTRY --	11. BIRTHPLACE (State or foreign country) Ellington, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
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13a. FATHER'S NAME Leon A. Pace	13b. MOTHER'S MAIDEN NAME Lelia Polk	14. NAME OF HUSBAND OR WIFE -----
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Lelia Pace	ADDRESS Salem, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH #11
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ✓ DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) Ellington (COUNTY) SUPPLENTIAR (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? RECORDED
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22. I hereby certify that I attended the deceased from Not seen alive, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE M.M. Hart M.D. - Coroner	(Degree or title)	23b. ADDRESS Salem, Mo	23c. DATE SIGNED 5/27/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5/25/49	24c. NAME OF CEMETERY OR CREMATORY Ellington Cemetery	24d. LOCATION (City, town, or county) Ellington, Missouri (State)
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DATE REC'D BY LOCAL REG May 26-49	REGISTRAR'S SIGNATURE M.M. Hart M.D.	83	25. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Salem, Missouri
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97.M (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

6/7/49

District Health Officer No 5.

District File Number 649418

Date Filed 6/9/49

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 Student Embalmer

Signed

Wm. W. McQueen

Licensed Embalmer No. 3806

P. O. Address. Salem, 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 this body is not embalmed, fact should be so stated above.