

FILED SEP 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27254
 BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 157

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Carthage		c. CITY (If outside corporate limits, write RURAL and give township) Carthage	
c. LENGTH OF STAY (in this place) 33 Yrs.		d. STREET ADDRESS (If rural, give location) 1324 S. Garrison Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1324 S. Garrison Ave.,		d. STREET ADDRESS 1324 S. Garrison Ave.,	

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Leona c. (Last) PACE			4. DATE OF DEATH (Month) (Day) (Year) Sept. 2, 1950		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 25, 1890	9. AGE (In years last birthday) 59	10. IF UNDER 1 YEAR 10 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY - - - -	11. BIRTHPLACE (State or foreign country) Mountain Grove, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Noah Mayfield		13b. MOTHER'S MAIDEN NAME Sarah Bishop		14. NAME OF HUSBAND OR WIFE John Pace	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Mrs. John Pace ADDRESS Carthage, Mo.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Bladder		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 years	
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. Multiple Metastases		18 IX	

19a. DATE OF OPERATION April 1949		19b. MAJOR FINDINGS OF OPERATION Cancer of Bladder		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Mar, 1949, to Sept 2, 1950, that I last saw the deceased alive on Sept 2, 1950 and that death occurred at 12 M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George H. Wood M.D.		23b. ADDRESS Carthage Mo		23c. DATE SIGNED 9/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-6-1950		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery	
24d. LOCATION (City, town, or county) (State) Carthage, Mo.					

DATE REC'D BY LOCAL REG. 9-5-50		REGISTRAR'S SIGNATURE L. Bellinger, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Ulmer Funeral Home ADDRESS Carthage, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10.48

493

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

RECEIVED 9-12-50

Jasper County Health Office

County File Number 50-8-622

Date Filed 9-12-50

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed

Conrad Penney

Licensed Embalmer No. 4194

P. O. Address _____

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.