

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1807

REC'D FEB 15 1952

| | | | | | | | |
|--|-------------------------------|--|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>166</u> | | PRIMARY REG. DIST. NO. <u>4254</u> | | Registrar's No. <u>3</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Johnson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster</u> | | c. LENGTH OF STAY (in this place) <u>10 yrs.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Knob Noster, Missouri</u> <u>0510</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | | | d. STREET ADDRESS (If rural, give location) _____ | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Ida</u> b. (Middle) <u>Louetta</u> c. (Last) <u>Pace</u> | | | 4. DATE OF DEATH <u>Feb. 8, 1952</u> (Month) (Day) (Year) | | | | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Feb. 6, 1870</u> | 9. AGE (In years last birthday) <u>82</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>2</u> | IF UNDER 1 HR. Hours _____ Min. _____ | |
| 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 (State or foreign country) <u>Speed, Missouri</u> | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Jehial Lowry</u> | | 13b. MOTHER'S MAIDEN NAME <u>Melissa Ross</u> | | 14. NAME OF HUSBAND OR WIFE <u>Benjamin B. Pace</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Miss Pearl Pace, Knob Noster, Mo.</u> ADDRESS _____ | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>① Coronary Occlusion</u> 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 <u>③ Chr. myocarditis</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>② Chr. nephritis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <input checked="" type="checkbox"/> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Knob Noster Johnson Mo</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 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 <u>Jan 1, 1949</u> , to <u>Feb 8, 1952</u> , that I last saw the deceased alive on <u>Feb 8, 1952</u> , and that death occurred at <u>6:15 a.m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>H. W. Cross</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Knob Noster, Mo</u> | | 23c. DATE SIGNED <u>Feb 11-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Feb. 10, 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Point Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Green Ridge, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>2-11-52</u> | | REGISTRAR'S SIGNATURE <u>Berna L. Reathy</u> <u>147-2</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Raymond Baker, Knob Noster, Mo</u> ADDRESS _____ | | | |

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

0510
1

RECEIVED
FEB 13 1952
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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

W. Raymond Baker

Licensed Embalmer No. *4616*

P. O. Address *Knob Noster, 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.