V.S. No. 300
Rev. 10.48

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

APR 1 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8947

BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 4277 Registrar's No. 96

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Verona
c. LENGTH OF STAY (In this place): UNKNOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Delivery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: UNKNOWN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ORCHARDVILLE 81208
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle):
c. (Last): Pace

4. DATE OF DEATH (Month) (Day) (Year): March 19. 1952

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 27 1905
9. AGE (In years last birthday): 46 — If under 1 year: Months 7, Days 20 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): Dennis Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William R. Riley
13b. MOTHER'S MAIDEN NAME: Dora C. Wikens
14. NAME OF HUSBAND OR WIFE: William Pace

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: William Pace — ADDRESS: Verona, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Toxemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma (Hepatic)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 1561
20. AUTOPSY? YES ☐ NO ☒

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) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-6, 1952, *to* 3-19, 1952, *that I last saw the deceased alive on* 3-19, 1952 *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. Avery Watson D.O. (Degree or title)
23b. ADDRESS: Verona, Mo.
23c. DATE SIGNED: 3-20-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 19, 1952
24c. NAME OF CEMETERY OR CREMATORY: Spring River Cem.
24d. LOCATION (City, town, or county) (State): South of Verona Mo.

DATE REC'D BY LOCAL REG.: Mar. 22-52
REGISTRAR'S SIGNATURE: Osa McNett 157 0
25. FUNERAL DIRECTOR'S SIGNATURE: Oscar L. March — ADDRESS: Aurora, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 24 1969

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 Myself, Student Embalmer No. ....., working under my personal supervision.

Student ..... Student Embalmer

Signed Glenn H Parrott

Licensed Embalmer No. 4809

P. O. Address Aurora, 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.