

No. 300 SEP 17 1952  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32660

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <u>St. Clair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Clair</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Appleton City Mo.</u>	
c. LENGTH OF STAY (in this place) <u>19 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Martha</u>	b. (Middle) <u>Leah</u>	c. (Last) <u>Pace</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 11 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Sept. 30-1884</u>	9. AGE (In years last birthday) <u>95</u>	10. UNDER 1 YEAR Months <u>11</u> Days <u>11</u>	11. UNDER 2 yrs. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	11. BIRTHPLACE (State or foreign country) <u>9</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Will Hash</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>C. M. Pace</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Hatfield</u>	ADDRESS <u>Appleton City</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Seriously</u>		INTERVAL BETWEEN ONSET AND DEATH <u>no</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 Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>794X</u>	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) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>no</u>
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22. I hereby certify that I attended the deceased from 9 Sept, 1952, to 9 Sept, 1952, that I last saw the deceased alive on 9 Sept, 1952, and that death occurred at 5:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert O. Price MD</u> (Degree or title)	23b. ADDRESS <u>Appleton City, Mo</u>	23c. DATE SIGNED <u>9/12/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept 12-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>David Ridge</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado (Cedar) Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Sept. 12-1952</u>	REGISTRAR'S SIGNATURE <u>Chlo Abney</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wesley Eckley</u>	ADDRESS <u>Appleton City Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

930  
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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 Embalmer No.....

Signed.....

*Oscar Eckhoff*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3942*

P. O. Address *Appleton City, Wis.*

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.