

FILED JUL 9 1957

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH
57 02 1605  
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5589 Registrar's No. 138

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, give TOWNSHIP only) OR TOWN Union		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Carthage		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RR 3, Carthage, Mo.			Length of stay in lb		d. STREET ADDRESS RR 3		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Jeremiah Pace				4. DATE OF DEATH Month Day Year June 24, 1957					
5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Aug. 7, 1872		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retd. Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and state or country) Osceola, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Michael Pace				14. MOTHER'S MAIDEN NAME Martha Ann Francis					
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. none		17. INFORMANT Mrs Eeta Dykes, RR 3, Carthage, Mo.			Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Subsiding Embolus</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 15 Months	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from 5-15-57 to June 24, 1957 and last saw her alive on 6-11-57 Death occurred at 12:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>[Signature]</i> (Degree or title) M.D.				22b. ADDRESS 0 Carthage, Mo.		22c. DATE SIGNED 6-27-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 27, 1957		23c. NAME OF CEMETERY OR CREMATORY Fullerton Cemetery		23d. LOCATION (City, town, or county) Jasper Co. Mo.		(State)	
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.				25. DATE RECD. BY LOCAL REG. 6-27-57		26. REGISTRAR'S SIGNATURE <i>[Signature]</i>			

(Licensed Embalmer's Statement on Reverse Side)

 0 1 36  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

 MEDICAL CERTIFICATION  
 J. T. Mc Year - M.D.

County File Number 101-52-7-544  
Date Filed 8-10-74

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.....  
Signature of Student Embalmer

Signed *John C. Blum*

Licensed Embalmer No. 119

P. O. Address *.....*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. to comply with the above constitutes grounds for revocation of license). If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.