

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010102  
State File No. ....

FILED MAR 23 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 182 PRIMARY REG. DIST. NO. 3040 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN <u>Chillicothe</u>	c. LENGTH OF STAY (In this place) <u>12 Days</u>	c. CITY OR TOWN <u>Chula</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chillicothe Hospital</u>		e. STREET ADDRESS (If rural, give location) <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Cora</u> b. (Middle) <u>Frances</u> c. (Last) <u>Pace</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 9 1959</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 10 1913</u>	9. AGE (In years last birthday) <u>45</u> IF UNDER 1 YEAR Months <u>7</u> Days <u>29</u> IF UNDER 1 HRS. 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>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Linn County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John A Pace</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Alexander</u>	14. NAME OF HUSBAND OR WIFE <input checked="" type="checkbox"/>
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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>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>W.A. Pace</u> ADDRESS <u>RT 5 Box 174, Parkville Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>fracture of right hip</u>		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Generalized arteriosclerosis</u>		<u>10 yrs</u>
	DUE TO (c) <u>Multiple cerebral vascular disease</u>		<u>3 days</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive heart disease</u>			

19a. DATE OF OPERATION <u>2-26-59</u>	19b. MAJOR FINDINGS OF OPERATION <u>fracture of right hip</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) <u>Chula</u> (COUNTY) <u>Livingston</u> (STATE) <u>Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 25 59 7a</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in hall way</u>
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22. I hereby certify that I attended the deceased from Aug 1954, 1954, to March 9, 1959, that I last saw the deceased alive on 3-9-59, and that death occurred at 8 p m., from the causes and on the date stated above.

23a. SIGNATURE <u>T.L. Malaiso</u> (Degree or title) <u>Do 2</u>	23b. ADDRESS <u>Chillicothe Mo</u>	23c. DATE SIGNED <u>3-10-59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>March 11 1959</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Plainview Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Chula Mo</u>
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DATE REC'D BY LOCAL REG. <u>9-10-59</u>	REGISTRAR'S SIGNATURE <u>Frances B Neill</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>E.J. Robertson</u> ADDRESS <u>Funeral Home Chula Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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 *J. M. Robertson*.....

Licensed Embalmer No. *4388*.....

P. O. Address *Larches G*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.