

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012097  
STATE FILE NUMBER

FILED MAR 31 1959

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 49

Health,  
Welfare  
Public  
Service

300  
1-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Merada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Springfield</u> 8390 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>State Hospital #33 mo 28 days</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>Route #5</u>
3. NAME OF DECEASED (Type or print) First <u>Emma</u> Middle <u>Georgia</u> Last <u>Pace</u>		4. DATE OF DEATH Month <u>Mar</u> Day <u>25</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>May 28, 1886</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) <u>72</u> IF UNDER 1 YEAR: Months <u>9</u> Days <u>25</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and state or country) <u>Springfield, Mo</u>
10d. CITIZEN OF WHAT COUNTRY? <u>USA</u>		11. BIRTHPLACE (City and state or country)	
13a. FATHER'S NAME <u>John Thomas Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Emily Reed</u>	14. NAME OF HUSBAND OR WIFE <u>Marrin K. Pace</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>Admission papers-State Hospital #3-</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Greenian Interictal</u> DUE TO (b) <u>Sen. Arterio Sclerosis</u> DUE TO (c) <u>4500</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>few days - 6-7 yrs -</u>
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.) <u></u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		
20e. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>	20f. CITY, TOWN, OR LOCATION COUNTY <u></u> STATE <u></u>		
21. I attended the deceased from <u>Nov 26, 1958</u> to <u>March 25, 1959</u> and last saw her <u>alive</u> on <u>March 23, 1959</u> Death occurred at <u>710 A</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>George Oskey M. D.</u> (Degree or title)		22b. ADDRESS <u>State Hospital #3 Merada Mo</u>	
22c. DATE SIGNED <u>3-25-59</u>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>3/25/59</u>	23c. NAME OF CEMETERY OR PREMATORY <u>Mt. Comfort Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>Green County, Missouri</u>
24. FUNERAL DIRECTOR <u>Klingert Funeral Home</u>	ADDRESS <u>Springfield Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-27-1959</u>	26. REGISTRAR'S SIGNATURE <u>Alma E. Jarry</u>

(Licensed Embalmer's Statement on Reverse Side)

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 *Henry F. Milster* .....

Licensed Embalmer No. *4805* .....  
P. O. Address *Nevada, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.