

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-012605
STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 301

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

18a Nasopharyngeal hemorrhage
18b CVA with left hemiparesis
18c Multiple Pul. Embolism Lower extremity
BY AFFIDAVIT OF Attending physician

FILED MAY 15 1961

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Columbia</u>		Length of stay in 1b <u>55 yrs.</u>	c. CITY OR TOWN <u>Columbia</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>B. County Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>604 Kuhlman Ct.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Ira</u> Middle <u>L.</u> Last <u>Pace</u>		4. DATE OF DEATH Month <u>5</u> Day <u>8</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/18/1898</u> 9. AGE (last birthday) <u>63</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Supervisor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Foods</u>	11. BIRTHPLACE (City and state or country) <u>Ashland, Mo.</u> 12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>M. G. Pace</u>		13b. MOTHER'S MAIDEN NAME <u>Marietta Taylor</u>	14. NAME OF HUSBAND OR WIFE <u>Ruth Pace</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW I</u>		17. INFORMANT <u>Mrs. Ira Pace Columbia, Mo.</u> 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) <u>Heart large from unknown site</u> <u>Cerebral vascular accident with left hemiparesis</u> DUE TO (b) <u>Arterio Sclerosis - Heart Disease - Arterio Sclerosis</u> <u>Multiple pulmonary emboli from left lower extremity</u> DUE TO (c) <u>Congestive heart failure - Unknown duration</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 hours</u> <u>4 days</u> <u>6 years</u> <u>17 days</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple pulmonary emboli - Old heart - Polycystic Kidneys</u>			PART III. If deceased was female was pregnant in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WERE AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT OR 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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>Nov 56</u> to <u>present</u> and last saw her/him alive on <u>8 May 61</u> . Death occurred at <u>7:00 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>John Pace M.D.</u>		22b. ADDRESS <u>1502 E. Broadway Columbia Mo</u>	22c. DATE SIGNED <u>8 May 61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial 5/10/1961</u>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>
23d. LOCATION (City, town, or county) <u>Columbia, Mo.</u>		23e. (State)	
24. FUNERAL DIRECTOR <u>Lyman Sprinkle Columbia, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>May 10 1961</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>

MAY 16 1961

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 Richard A. Reeves

Licensed Embalmer No. 5109

P. O. Address Columbia

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.