

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-61-020399**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED **FILED JUL 5 1961** Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **402**

DATE AMENDED

INSTEAD OF THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

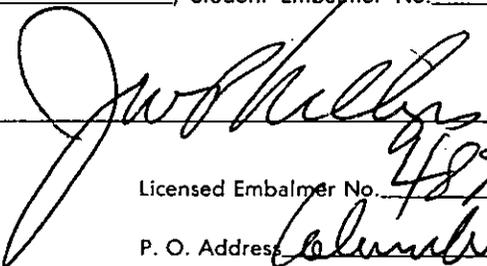
DOCUMENT BY AFFIDAVIT OF

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Boone</b>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Columbia</b>		Length of stay in 1b <b>32 Years</b>	c. CITY OR TOWN <b>Columbia</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>211 Second Ave.</b>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>211 Second Ave.</b>		
<b>3. NAME OF DECEASED</b> (Type or print) First <b>PRESLEY</b> Middle <b>MONROE</b> Last <b>PACE</b>			<b>4. DATE OF DEATH</b> Month <b>June</b> Day <b>23</b> Year <b>1961</b>			
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>2-24-1876</b>	<b>9. AGE (last birthday)</b> <b>85</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farming</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Farming</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Boone County, Missouri</b>		<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A</b>	
<b>13a. FATHER'S NAME</b> <b>M.G. Pace</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Etta Taylor</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Frances Ann Jenkins</b>		
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>			<b>17. INFORMANT</b> Address <b>Ansel F. Pace, Columbia, Mo.</b>			
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Arteriosclerotic Heart Disease</b>					INTERVAL BETWEEN ONSET AND DEATH <b>20 yrs</b>	
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)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/>	<b>SUICIDE</b> <input type="checkbox"/>	<b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)		
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____						
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> <b>Columbia Mo</b>		COUNTY _____ STATE _____	
<b>21. I attended the deceased from</b> <b>Apr 15, 1961</b> <b>to</b> <b>Death</b> <b>and last saw</b> <b>her</b> <b>alive on</b> <b>6/14/61</b> <b>Death occurred at</b> <b>8:00 A</b> <b>m</b> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b>						
<b>22a. SIGNATURE</b> <b>Wickard MD</b> (Degree or title)			<b>22b. ADDRESS</b> <b>Columbia Mo</b>		<b>22c. DATE SIGNED</b> <b>6/29/61</b>	
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>June 25, 1961</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>New Liberty Cemetery</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>Boone County, Missouri</b>			
<b>24. FUNERAL DIRECTOR</b> <b>Parker Funeral Service, Columbia, Mo.</b> ADDRESS			<b>25. DATE RECD. BY LOCAL REG.</b> <b>JUNE 25, 1961</b>	<b>26. REGISTRAR'S SIGNATURE</b> <b>Mrs R E Palmer</b>		

**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  \_\_\_\_\_

Licensed Embalmer No. 4897

P. O. Address Columbus, MS

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.