

OURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047666

AMENDED

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 792 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone b. CITY Columbia Length of stay in 1b 39 minutes c. CITY OR TOWN Columbia Inside Limits Yes X No 0 d. STREET ADDRESS Boone County Hospital Yes X No 0

3. NAME OF DECEASED (Type or print) Baby Boy Pace 4. DATE OF DEATH December 9 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/9/61 9. AGE (last birthday) 12/9/61

10a. USUAL OCCUPATION 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Columbia Mo. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Robert Pace 13b. MOTHER'S MAIDEN NAME Sandra Cole 14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? No 16. SOCIAL SECURITY NO. 17. INFORMANT Mother Address

18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congenital Atelectasis (b) Previabile Prematurity (c) Placental Seeparation INTERVAL BETWEEN ONSET AND DEATH 1 Month

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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES A NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED.

20c. TIME OF INJURY Hour Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12/9/61 to 12/9/61 and last saw him alive on 12/9/61 Death occurred at 8:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) William B. See M.D. 22b. ADDRESS Columbia Mo. 22c. DATE SIGNED 12/9/61

23a. BURIAL, CREMATION, REMOVAL 12-0-61 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY Pathology Dept Boone County Hosp Columbia Mo 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. Jan 18 1962 26. REGISTRAR'S SIGNATURE Mrs RE Palmer

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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. _____

P. O. Address _____

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.