

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-022199

STATE FILE NUMBER

FILED JUN 26 1959 Registration District No. 212 Primary Registration District No. 5779 Registrar's No. 13

300  
1-57

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon "Franklin"		c. CITY OR TOWN Eldon	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rt. 2		d. STREET ADDRESS (If outside, give location) Rt. 2	
3. NAME OF DECEASED (Type or print) First Middle Last BEULAH ANN PACE		4. DATE OF DEATH Month Day Year June 18, 1959	
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 25, 1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Sedalia, Missouri
13a. FATHER'S NAME George A. Stuart		14. NAME OF HUSBAND OR WIFE James A. Pace	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT J. A. Pace
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>Coronary thrombosis</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary heart disease</u> DUE TO (c) <u>Vascular changes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>few minutes</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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21. I attended the deceased from Death occurred at <u>June 1 1959 11 AM</u>		20f. CITY, TOWN, OR LOCATION Eldon Mo	
22a. SIGNATURE <u>E. Osheaton M.D.</u>		22b. ADDRESS Eldon Mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23c. NAME OF CEMETERY OR CREMATORY Centertown	
23b. DATE June 21, 1959		23d. LOCATION (City, town, or county) (State) Centertown, Missouri	
24. FUNERAL DIRECTOR Louis D. Phillips		25. DATE RECD. BY LOCAL REG. June 20, '59	
26. REGISTRAR'S SIGNATURE C. W. Veretta Waltz			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1981 2 11

Miller County  
Health Department

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 *Louis A. Phillips* .....

Licensed Embalmer No. 3663 .....

P. O. Address Eldon .....

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.