

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40448

State File No. ....

FILED DEC 29 1954

BIRTH NO. .... REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 351

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>State MO</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jefferson City, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 hrs</u>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chas. E. Still Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <u>Route 1</u>		<u>02601</u>	
3. NAME OF DECEASED a. (First) <u>Elizabeth</u>		b. (Middle) <u>Henrietta</u>	
c. (Last) <u>Pace</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>December 27 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 25 1899</u>	
9. AGE (In years last birthday) <u>55</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>2</u>	
11. IF UNDER 10 HRS. Hours <u></u> Min. <u></u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jefferson City, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Fred Wehmever</u>	
13b. MOTHER'S MAIDEN NAME <u>Paulina Burbach</u>		14. NAME OF HUSBAND OR WIFE <u>Fred F. Pace</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>-----</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fred F. Pace</u>		ADDRESS <u>Centertown, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor. Ar. Neuro. base</u>	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>hypertension</u>	
DUE TO (c) <u>arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 hrs. 40 min</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		?	
?			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>331 X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>27 Dec., 1954</u> , to <u>27 Dec., 1954</u> , that I last saw the deceased alive on <u>27 Dec., 1954</u> , and that death occurred at <u>9:40 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>James G. Miller D.O.</u> (Degree or title) <u>2</u>		23b. ADDRESS <u>Jefferson City Mo.</u>	
23c. DATE SIGNED <u>28 Dec. 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 29 1954</u>	
24c. NAME OF CEMETERY OR REPOSITORY <u>Centertown Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Centertown, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 28 - 1954</u>		REGISTRAR'S SIGNATURE <u>R. P. Davis</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Paulson-Tanner</u>		ADDRESS <u>700 Jefferson</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 1 1982

AS JAN 8 8 1982 SA

JAN 30 1982

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 *Ronald T. Green*

Licensed Embalmer No. *46*

P. O. Address *Jan*

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.