No. 300
10.48

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

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11186

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 2430

1. PLACE OF DEATH
a. COUNTY —
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place) 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) BARNES HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Illinois
b. COUNTY Wayne
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield, 8120
d. STREET ADDRESS (If rural, give location) 506 E. Delaware Avenue. 8

3. NAME OF DECEASED (Type or Print)
a. (First) Johnathon
b. (Middle) Abram
c. (Last) Tice

4. DATE OF DEATH (Month) (Day) (Year) March 10, 1950

5. SEX Male 0
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 2
8. DATE OF BIRTH Jan 28, 1888
9. AGE (In years last birthday) 62 — If under 1 year: Months / Days — If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Gen Carpentry
11. BIRTHPLACE (State or foreign country) Fairfield, Illinois 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William T. Tice
13b. MOTHER'S MAIDEN NAME Mary Kennerly
14. NAME OF HUSBAND OR WIFE Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) Nil
16. SOCIAL SECURITY NO. 337-14-4679
17. INFORMANT'S SIGNATURE OR NAME James H. Tice — **ADDRESS** 1408 Cleveland East St. Louis Ill

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lower nephron nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Postoperative transurethral resection
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Benign prostatic hypertrophy

19a. DATE OF OPERATION 3/3/50
19b. MAJOR FINDINGS OF OPERATION As above
20. AUTOPSY? YES [X] NO [ ]

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) 6110 K
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 27, *19* 50 *to* Mar. 10, *19* 50, *that I last saw the deceased alive on* Mar. 10, *19* 50, *and that death occurred at* 10:10 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE F K Bradley
(Degree or title) O
23b. ADDRESS BARNES HOSPITAL
23c. DATE SIGNED 3/10/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3-13-50
24c. NAME OF CEMETERY OR CREMATORY Maple Hill
24d. LOCATION (City, town, or county) (State) Fairfield, Illinois

DATE REC'D BY LOCAL REG. MAR 13 1950
REGISTRAR'S SIGNATURE J B Lasater
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe — **ADDRESS** 4700 Washington Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed Elmo R. Cadwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

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 this body is not embalmed, fact should be so stated above.