

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13918

0732

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

BIRTH NO. 22538-50 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>NEWTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>NEWTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Neosho</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>SENECA R#1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>SALE MEMORIAL Hosp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>PERRY</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>TICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 15 1950</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>INFANT</u>	8. DATE OF BIRTH <u>APR. 15 1950</u>
9. AGE (In years last birthday) <u>0</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INFANT</u>	11. BIRTHPLACE (State or foreign country) <u>Neosho Missouri</u>
10a. USUAL OCCUPATION		10b. KING OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>EDWARD TICE</u>		13b. MOTHER'S MAIDEN NAME <u>GLENNA MAE CALLAHAN</u>	14. NAME OF HUSBAND OR WIFE
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>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>EDWARD TICE</u> ADDRESS <u>SENECA R#1</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature (5 1/2 months)</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		776X	
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"/>			
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>4-15-1950</u> , to <u>4-15-1950</u> , that I last saw the deceased alive on <u>4-15-1950</u> and that death occurred at <u>1:47 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Paul C. Davis</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>Neosho Mo</u>	
23c. DATE SIGNED <u>4/28/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-17-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>SWARS PRAIRIE</u>		24d. LOCATION (City, town, or county) (State) <u>NEWTON Co. MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>4-28-1950</u>		REGISTRAR'S SIGNATURE <u>Malvin C. Bonkowski</u> 223	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Corley Thompson</u> ADDRESS <u>Neosho Mo.</u>			

RECEIVED

District Health Officer No. Newton Co. Health Dept.

District File Number 550-99

Date Filed MAY 3 1950

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
Student Embalmer

Signed

Bollie Kessel

Licensed Embalmer No. 4690

P. O. Address Neosho, Mo

Body prepared by liquid pack

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.