

FILED OCT 19 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35836

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 320 PRIMARY REG. DIST. NO. 6081 Registrar's No. 74

1. PLACE OF DEATH a. COUNTY <u>Ste. Genevieve, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. <u>Missouri</u> <u>Ste. Genevieve</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union township</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Union township</u> <u>0950</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED a. (First) <u>Narcis</u>		b. (Middle)	
c. (Last) <u>Morice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 6, 1950</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 28, 1870</u>
9. AGE (In years - last birthday) <u>80</u>		IF UNDER 1 YEAR <u>8</u>	IF UNDER 21 YEARS <u>22</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Bloomsdale Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>Gus Morice</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Thomure</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary Triplett</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ray Hunt Wengarten</u>		ADDRESS <u>rt 1 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) 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)		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>9-28</u> , 19 <u>50</u> , to <u>10-6</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>9-28</u> , 19 <u>50</u> , and that death occurred at <u>6:30 p. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>W. Reynolds, Jr. D.O.</u>		23b. ADDRESS <u>Farmington Mo</u>	
23c. DATE SIGNED <u>10-7-50</u>			
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <u>Burial</u>		24b. DATE <u>10/9/50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Triplett Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Ste. Genevieve, Mo. City</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Oct. 10-1950</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Cozean Funeral Home, Farmington, Mo.</u>	

0950

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 11 1950

RECEIVED

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 \_\_\_\_\_

Licensed Embalmer No. 4084

Signed \_\_\_\_\_  
Student Embalmer

P. O. Address Springfield, Mo.

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.