

STANDARD CERTIFICATE OF DEATH

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

BIRTH NO.		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>559</u>		Registrar's No. <u>61</u>			
1. PLACE OF DEATH a. COUNTY <u>JEFF.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u>				b. COUNTY <u>JEFF.</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Joachim</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Crystal City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MT View Nursing Home</u>				e. STREET ADDRESS (If rural, give location) <u>204 Bailey Rd</u>				050 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u>		b. (Middle) <u>RUTH</u>		c. (Last) <u>MORICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6/23/54</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>June 6, 1903</u>		9. AGE (In years last birthday) <u>51</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>0 Festus, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Daniel Reynolds</u>			13b. MOTHER'S MAIDEN NAME <u>Mary J. Osler</u>			14. NAME OF HUSBAND OR WIFE <u>Raymond Morice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Reynolds</u>				ADDRESS <u>Crystal City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic interstitial nephritis and uremia</u>				ANTECEDENT CAUSES				10 yrs plus	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) _____					
DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS				I month	
Conditions contributing to the death but not related to the disease or condition causing death.				<u>Gangrene extremities, infectious Diabetes mellitus.</u>				10 yrs	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>592X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>		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) <u>None</u>		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>Oct. 9, 1953</u> , to <u>June 23, 1954</u> , that I last saw the deceased alive on <u>June 21, 1954</u> , and that death occurred at <u>12:45 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>John F. Rutledge, M.D.</u>				23b. ADDRESS <u>Crystal City, Mo.</u>		23c. DATE SIGNED <u>6-25-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/25/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Lawn Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Crystal City Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-25-54</u>		REGISTRAR'S SIGNATURE <u>John C. Rogers</u>		502		25. FUNERAL DIRECTOR'S SIGNATURE <u>Henry C. Routh</u>		ADDRESS <u>Crystal City, Mo.</u>	

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JUN 29 1954

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 *Henry R. Polite*

Licensed Embalmer No. *348*

P. O. Address *Capital City*

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.