

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

XC-16 1988 105		STANDARD CERTIFICATE OF DEATH		State File No. 18771	
Reg. #15577		FILED MAY 23 1956		Registrar's No. 4722	
SL #9295		318		1003	
BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) —a. STATE Illinois — b. COUNTY Macoupin		
b. CITY (If outside corporate limits, write RURAL and give town or township) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 36 days	c. CITY OR TOWN Brighton	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			e. STREET ADDRESS (If rural, give location) Route #1		
3. NAME OF DECEASED (Type or Print) WILLIAM G. TICE			a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH May 14, 1956			7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 4/23/96	9. AGE (in years last birthday) 60
5. SEX Male		6. COLOR OR RACE White		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Petersburg, Illinois			12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Pleasant Tice		13b. MOTHER'S MAIDEN NAME Grace Terhune		14. NAME OF HUSBAND OR WIFE Lydia Tice	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-1		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME VA Hosp. Records, St. Louis, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION, OLD ANTECEDENT CAUSES DUE TO (b) CORONARY ARTERY ARTERIOSCLEROSIS DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Multiple Pulmonary Infarction, Bilateral, Acute Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH Undetermined
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 420.1			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) VA		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 4/8 , 19 56 , to 5/14 , 19 56 and that death occurred at 12:10A m., from the causes and on the date stated above.					
23a. SIGNATURE <i>[Signature]</i> J. T. Kaminski (Degree or title) M.D.			23b. ADDRESS VAH, St. Louis, Mo.		23c. DATE SIGNED 5/14/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-14-56	24c. NAME OF CEMETERY OR CREMATORY Godfrey Cemetery		24d. LOCATION (City, town, or county) (State) Godfrey, Illinois,
DATE REC'D BY LOCAL REG. MAY 15 1956		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE Gent Funeral Home, Alton, Illinois,	

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.....
No Embalmed
Lawrence D. [Signature]

Licensed Embalmer No.....

P. O. Address.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (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.