

FILED DEC 12 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38922

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 270 PRIMARY REG. DIST. NO. 3050 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Democrat</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Democrat</u>	
b. CITY (If outside corporate limits, write R.U.M.A. and give township) OR TOWN <u>Couthworth</u>		c. CITY OR TOWN <u>Couthworth</u>	d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place)		e. STREET ADDRESS (If rural, give location) <u>1213 Adams</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Tom</u>	b. (Middle) <u>W.</u>	c. (Last) <u>DRICE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-29-1956</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>6-6-1889</u>	9. AGE (In years last birthday) <u>67</u>	# UNDER 1 YEAR <u>5</u>	# UNDER 1 Mo. <u>23</u>
10a. USUAL OCCUPATION (Give kind of work done during part of lifetime even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Fulton, Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S M maiden name <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give way or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Welfare office</u> ADDRESS <u>City</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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"/>
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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) <u>331x</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	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 PM 11-26, 1956, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on 11-26, 1956, and that death occurred at 6 am m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. F. Burch M.D.</u> (Degree or title)	23b. ADDRESS <u>106 W. 12th</u>	23c. DATE SIGNED <u>12-1-56</u>
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24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Bridge</u>	24d. LOCATION (City, town, or county) (State) <u>Couthworth Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 3, 1956</u>	REGISTRAR'S SIGNATURE <u>Fred B. Welke</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Noel C. Dean</u> ADDRESS <u>Couthworth Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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12-215-56

DEC 10 1956

DEC 10 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 *Noel C Dean*

Licensed Embalmer No. *394*

P. O. Address *Caruthersville*

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.