.S. No. 300
rv. 10.48

FILED JUL 22 1957

STANDARD CERTIFICATE OF DEATH

State File No. 27111

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 38

1. PLACE OF DEATH
a. COUNTY Ste. Genevieve
b. CITY OR TOWN Ste. Genevieve
c. LENGTH OF STAY (in this place) 53 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 36 Washington

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Ste. Genevieve
c. CITY OR TOWN Ste. Genevieve
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☑
e. STREET ADDRESS (If rural, give location) 36 Washington

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3. NAME OF DECEASED (Type or Print)
a. (First) Aurlea b. (Middle) Mary c. (Last) Morice

4. DATE OF DEATH (Month) July (Day) 13 (Year) 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct 28, 1884
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and State or Foreign Country) Bloomsdale Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Octave LaRose
13b. MOTHER'S MAIDEN NAME Octavia LaRose
14. NAME OF HUSBAND OR WIFE Sebastion P. Morice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Paul Morice ADDRESS Ste. Genevieve Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Liver — 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) _____

DUE TO (c) _____

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II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Myocarditis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1957, *to* July 13, 1957, *that I last saw the deceased alive on* July 13, 1957 *and that death occurred at* 4:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE R. C. Lanning (Degree or title) M.D.
23b. ADDRESS Ste. Genevieve Mo
23c. DATE SIGNED 7/15/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-16-57
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) Ste. Genevieve (State) Mo

DATE REC'D BY LOCAL REG. July 15, 1957
REGISTRAR'S SIGNATURE Lucille Basler
25. FUNERAL DIRECTOR'S SIGNATURE Kenneth Stanton ADDRESS Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

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

4 1/0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Jerome L. Stanton

Licensed Embalmer No. 3817

P. O. Address St. Lawrence, N.

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