

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031408  
STATE FILE NUMBER

FILED SEP 15 1958

Registration District No. 319 Primary Registration District No. 4469 Registrar's No. 60

All diseases in Part I must be causally related. Use only black ink or ribbon typewrite if possible.

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>STE. GENEVIEVE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> COUNTY <u>STE. GENEVIEVE</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>STE. GENEVIEVE</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>STE. GENEVIEVE</u> <u>0951</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Robert Joseph MORICE</u>			4. DATE OF DEATH Month Day Year <u>Sept 7 1958</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>MAR 11, 1898</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>LIME Co.</u>	9. AGE (In years last birthday) <u>60</u> F 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) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LIME Co.</u>	11. BIRTHPLACE (City and state or country) <u>STE. GENEVIEVE MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Levi Morice</u>	
14. MOTHER'S MAIDEN NAME <u>Annie Mentier</u>		15. NAME OF HUSBAND OR WIFE <u>Edith M. White</u>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or [unknown]) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO.	
18. INFORMANT <u>Mrs Edith Morice Ste. Gen. Mo</u>		Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cap Pulmonale</u>			INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PULMONARY FIBROSIS</u>			<u>5 1/2</u>
DUE TO (c) <u>525 X</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Atherosclerosis, Generalized</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>APRIL 1955</u> to <u>9-7-58</u> and last saw him alive on <u>9-7-58</u> Death occurred at <u>3:10 A</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>St. Genevieve Mo</u> (Degree or title)		22b. ADDRESS <u>St. Genevieve Mo</u>	
22c. DATE SIGNED <u>9-8-58</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>9-9-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY</u>		23d. LOCATION (City, town, or county) (State) <u>STE. GENEVIEVE MO</u>	
24. FUNERAL DIRECTOR <u>James L. ...</u> ADDRESS <u>St. Genevieve Mo</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 8, 1958</u>	
26. REGISTRAR'S SIGNATURE <u>Willie Barber</u>			

SEP 17 1958

### 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 ..... *James A. Senter*

Licensed Embalmer No. *3817*

P. O. Address *St. Lawrence St.*

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.