

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-018777

STATE FILE NUMBER

Registration District No. 294

Primary Registration District No. 3056

Registrar's No. 109

MAY 28 1959

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Randolph</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Randolph</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Moberly</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Moberly</i>
c. FULL NAME OF DECEASED (If NOT in hospital, give location) <i>Howard Scott Tice</i>		Length of stay in lb <i>1 Year</i>	d. STREET ADDRESS (If outside, give location) <i>H 13 Taylor</i>
3. NAME OF DECEASED (Type or print) First Middle Last <i>HOWARD SCOTT TICE</i>		4. DATE OF DEATH Month Day Year <i>May-21-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Feb-18-1887</i>
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Air Brake Repairman Retired for Nabors Rd</i>		11. BIRTHPLACE (City and state or country) <i>Polk Illinois</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>William Tice</i>		14. NAME OF HUSBAND OR WIFE <i>Lena K. Tice</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>702-25-5234</i>	
18. CAUSE OF DEATH (Enter only one cause per line by (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Medullary Failure</i>		INTERVAL BETWEEN ONSET AND DEATH <i>10 min</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Coronary Thrombosis Massive</i>		<i>2 h 45 m.</i>	
DUE TO (c) <i>Arteriosclerotic heart disease</i>		<i>Unknown</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4200</i>		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 (a) or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 <i>1934</i> to <i>5-21-59</i> and last saw <del>the</del> <i>him</i> alive on <i>5-21-59</i> Death occurred at <i>1040 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Ink, please) <i>Benj. S. Jolly Do.</i>	
22b. ADDRESS <i>203 1/2 N. Clark, Moberly Mo</i>		22c. DATE SIGNED <i>5-22-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>May-24-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oakland Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Moberly Missouri</i>
24. FUNERAL DIRECTOR <i>Cater Funeral Home Moberly Mo</i>		25. DATE RECD. BY LOCAL REG. <i>May 24. 59</i>	26. REGISTRAR'S SIGNATURE <i>Leah Blaine</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 12 1951

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 *Jerry P. Carter* .....

Licensed Embalmer No. *4906* .....

P. O. Address *Moberly, Mo.* .....

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.