

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-022153
STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 200 Primary Registration District No. Registrar's No. 104

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hudson Twp		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Center Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Still-Hildreth Osteopathic Hospital		Length of stay in lb 2 yr 6 mo	d. STREET ADDRESS (If outside, give location) 0 70 0 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Dan Middle C. Last Tice			4. DATE OF DEATH Month June Day 12 Year 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 13, 1876
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months 11 Days 29	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (City and state or country) Pella, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.		13. NAME OF HUSBAND OR WIFE GERTRUDE TICE	
13a. FATHER'S NAME Madison Tice		13b. MOTHER'S MAIDEN NAME Nancy E. Mays	
14. NAME OF DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT RUTH BLACK. Address PERRY, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sepsis and Terminal Pneumonia			INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Thrombotic Encephalomalacia and Cerebral Hemorrhage			unknown
DUE TO (c) Advanced Arteriosclerosis			"
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 332X			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 June 1957 to June 12, 1959 and last saw ^{DECEASED} him alive on June 12, 1959 Death occurred at 9:20 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Andrew T. Steep</i> (Degree or title)		22b. ADDRESS Macon, Missouri	22c. DATE SIGNED 6/13/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 15, 1959	23c. NAME OF CEMETERY OR CREMATORY LICKCREEK CEMETERY.	23d. LOCATION (City, town, or county) (State) PERRY, MO.
24. FUNERAL DIRECTOR <i>Clyde C. Wiley</i>	ADDRESS PERRY, MO.	25. DATE RECD. BY LOCAL REG. 6/15/59	26. REGISTRAR'S SIGNATURE <i>Ruth M. Neely</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

850

County File No.
Date Filed 6-23-59

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 *Clyde C. Winney*

Licensed Embalmer No. 3820

P. O. Address PERRY, 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.