

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-023082

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 215

**FILED JUN 24 1963**

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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <b>Adair</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Schuyler</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kirksville</b>		Length of stay in 1b		c. CITY OR TOWN <b>Downing</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Stickler Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>Frank Stice</b>			4. DATE OF DEATH <b>June 12, 1963</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <b>5-26-84</b>		9. AGE (last birthday) <b>79</b>		IF UNDER 1 YEAR IF UNDER 24 HR Months <b>3</b> Days <b>16</b> Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Schuyler Co., Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>Phillip Stice</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Humphrey</b>	
14. NAME OF HUSBAND OR WIFE <b>Helen Stice</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Helen Stice-Downing, Mo.</b>		Address			
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer Prostrate</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 mos</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>acute Pyelitis-Cystitis</b>					<b>6 mos</b>
DUE TO (c) <b>Mental Deterioration</b>					<b>6 mos</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Oct. 10, 1962</b> to <b>June 12, 1963</b> and last saw him alive on <b>June 12, 1963</b> Death occurred at <b>11:55 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <b>D. O. Stickler MD</b>			22b. ADDRESS <b>Kirksville Mo</b>		22c. DATE SIGNED <b>6-13-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>6-15, 1963</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Downing Cemetery</b>	
23d. LOCATION (City, town, or county) <b>Downing, Missouri</b>		23e. DATE RECD. BY LOCAL REG.		23f. REGISTRAR'S SIGNATURE <b>Doris W. Raloff</b>	
24. FUNERAL DIRECTOR <b>Moore Funeral Home-Downing, Mo. June 17, 1963</b>					

JUN 25 1963

R. O. STICKLER, M.D.

Permit issued June 12, 1963

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.