

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11438

State File No. _____

FILED MAY 6 1955

BIRTH NO. _____		REG. DIST. NO. <u>19</u>		PRIMARY REG. DIST. NO. <u>5372</u>		Registrar's No. <u>16</u>	
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u> <u>0320</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>DeKalb</u> <u>0320</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville, 6 Mi. S.E. of</u>			c. LENGTH OF STAY (in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maysville</u> <u>DeKalb</u>			d
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home, 6 Mi. S.E. of Maysville</u>				d. STREET ADDRESS (If rural, give location) <u>6 Mi S.E. of Maysville Mo.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Jacob</u>		c. (Last) <u>Dice</u>	
4. DATE OF DEATH		(Month) <u>4-4</u>		(Day) <u>4</u>		(Year) <u>55</u>	
5. SEX <u>Male</u> <input checked="" type="radio"/>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan, 9, 1867</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>John Dice</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Ward</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Dice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert Dice Cameron Mo.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Valvular Heart</u> DUE TO (c) <u>Disease of degeneration</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4214</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-8</u> , 19 <u>54</u> , to <u>4-4</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>55</u> , and that death occurred at <u>4 p.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. D. Kimes</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Cameron Mo.</u>		23c. DATE SIGNED <u>4-8-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-5-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wansley</u>		24d. LOCATION (City, town, or county) (State) <u>Cameron Mo.</u>		
DATE REC'D BY LOCAL REG. <u>5-25-55</u>		REGISTRAR'S SIGNATURE <u>Wesley D. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John ...</u>		ADDRESS <u>Maysville Mo</u>	

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

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.

Signed _____

John Brown

Signed _____
Student Embalmer

Licensed Embalmer No. 3933
P. O. Address Maysville 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 this body is not embalmed, fact should be so stated above.