

FILED APR 11 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7904

32

BIRTH NO. _____ REG. DIST. NO. 99 PRIMARY REG. DIST. NO. 4172 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>DeKalb</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartville</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Stewartville</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <u>HENRIETTA ARMSTRONG DICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH. 15, 1949</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-13-1881</u>	9. AGE (In years last birthday) <u>68</u>	IF UNDER 1 YEAR	IF UNDER 1 YEAR	IF UNDER 1 YEAR
				Months	Days	Hours	Mins.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>DeKalb Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Joseph Dudley Armstrong</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy S. Bledsoe</u>	14. NAME OF HUSBAND OR WIFE <u>Wells R. Dice Sr.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wells R. Dice Sr</u>	ADDRESS <u>Stewartville</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Paraplegia</u>		<u>AM - 3-13-49</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Diabetes</u>		<u>PM - 3-15-49</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>260 k</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-13, 1949, to 3-15, 1949, that I last saw the deceased alive on 3-15, 1949, and that death occurred at 4- p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Northrup, M.D.</u>	23b. ADDRESS <u>Stewartville</u>	23c. DATE SIGNED <u>3-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>	24b. DATE <u>3-17-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stewartville</u>	24d. LOCATION (City, town, or county) (State) <u>Stewartville Mo</u>
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DATE REC'D BY LOCAL REG. <u>4-5-49</u>	REGISTRAR'S SIGNATURE <u>Roscoe Davidson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lyon Fenner</u>	ADDRESS <u>Home Stewartville Mo.</u>
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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.

Student
Student Embalmer

Signed *W. E. Summerfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartville, Md*

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.