

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25840

BIRTH NO. 40988-49 REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6197 State File No. 4519 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>mo.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabool</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cabool</u>	
c. LENGTH OF STAY (in this place) <u>17 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRY</u> b. (Middle) <u>KEITH</u> c. (Last) <u>ICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 27 1949</u>		
5. SEX <u>m.</u>	6. COLOR OR RACE <u>w.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never m.</u>	8. DATE OF BIRTH <u>July 26-49</u>	9. AGE (In years last birthday) <u>17</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10a.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Cabool mo.</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Orvil Ice</u>	13b. MOTHER'S MAIDEN NAME <u>ELLEN Adams</u>	14. NAME OF HUSBAND OR WIFE
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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'S SIGNATURE OR NAME <u>Orvil Ice</u>	ADDRESS <u>Cabool mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>atelectasis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>30 minutes</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		<u>9/25</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prematurity</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? <u>July 26/49</u>
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22. I hereby certify that I attended the deceased from 10:45 PM, 19 to July 27, 1949, that I last saw the deceased alive on July 27, 1949, and that death occurred at 4 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Garrett Boyd Jones</u> (Degree or title)	23b. ADDRESS <u>Cabool Mo.</u>	23c. DATE SIGNED <u>July 28/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 28-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Texas co. mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-29-49</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gaylord W. Elliott</u>	ADDRESS <u>Cabool mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Recei
Texas
8-2-
3:30

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 _____

..... *Not embalmed* Student Embalmer No.
working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

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.