

FILED OCT 31 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34361

State File No. ....

Registrar's No. 69

BIRTH NO. _____		REG. DIST. NO. <u>195</u>		PRIMARY REG. DIST. NO. <u>4308</u>		Registrar's No. <u>69</u>			
1. PLACE OF DEATH a. COUNTY <u>McDonald</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u>					
b. CITY OR TOWN <u>Noel</u>		c. LENGTH OF STAY (In this place) <u>2 1/2 yrs</u>		c. CITY OR TOWN <u>Noel</u>		d. STREET ADDRESS (If rural, give location) <u>7</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) <u>GERALDINE L. TRICE</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH			(Month) (Day) (Year) <u>9-12-49</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>3-7-1860</u>			
9. AGE (In years last birthday) <u>89</u>		10. UNDER 1 YEAR <u>6</u>		11. UNDER 1 MONTH <u>5</u>		12. UNDER 1 HRS. Hours <u>5</u> 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>Sales</u>		11. BIRTHPLACE (State or foreign country) <u>Saline Co. Mo. U.S.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>A. J. Trice</u>			13b. MOTHER'S MAIDEN NAME <u>Geraldine Covington</u>			14. NAME OF HUSBAND OR WIFE <u>W. W. Trice</u>			
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>Mr. Walton J. Miller</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, ashenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial decompensation</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>		
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>influenza</u>						
			DUE TO (c) _____						
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4:22</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>7-1</u> , 19 <u>49</u> , to <u>9-12</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-12</u> , 19 <u>49</u> , and that death occurred at <u>8:45 P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. D. Farnsworth, D.O.</u>				23b. ADDRESS <u>Noel Mo</u>			23c. DATE SIGNED <u>9-28</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>9-14-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wesley Point</u>		24d. LOCATION (City, town, or county) (State) <u>Pennington Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-5-49</u>		REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>		423		25. FUNERAL DIRECTOR'S SIGNATURE <u>A. W. Humphrey</u> ADDRESS <u>Pennington, Mo.</u>			

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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 J. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel, 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.