

No. 300  
10-48

FILED JUL 31 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24398

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 295 PRIMARY REG. DIST. NO. 4443 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>	
b. CITY OR TOWN <u>Huntsville</u>		c. CITY OR TOWN <u>Moberly</u>	
c. LENGTH OF STAY (in this place) <u>14 Days</u>		d. STREET ADDRESS (If rural, give location) <u>413 Taylor Street 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M &amp; M. Nursing Home</u>			
3. NAME OF DECEASED a. (First) <u>WILLIAM</u> b. (Middle) <u>-</u> c. (Last) <u>JICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July-13-1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March-9-1861</u>
9. AGE (In years last birthday) <u>89</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sailor</u>	11. BIRTHPLACE (State or foreign country) <u>Palo Illinois</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Andrew Jice</u>	13b. MOTHER'S MAIDEN NAME <u>Estina Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Missie Jice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>H.S. Jice</u> ADDRESS <u>413 Taylor St. Moberly, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial degeneration</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary Artery disease</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left femur - neck</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>//</u>	
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) m.	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>June 30, 1950</u> , to <u>July 13, 1950</u> , that I last saw the deceased alive on <u>July 12, 1950</u> , and that death occurred at <u>2:02 A.M.</u> , from the causes and on the date stated above.			
23. SIGNATURE <u>H.S. Jice</u> (Degree or title) <u>Do</u>		23b. ADDRESS <u>Huntsville, Mo</u>	23c. DATE SIGNED <u>7/13/50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July-15-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairmount Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Palo Illinois</u>
DATE REC'D BY LOCAL REG. <u>July-13-1950</u>		REGISTRAR'S SIGNATURE <u>Ans. B.A. Barnhart</u>	
		FUNERAL DIRECTOR'S SIGNATURE <u>Snow Funeral Home</u> ADDRESS <u>Moberly Mo.</u>	

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

RECEIVED JUL 18 1950  
District Health Officer No. 10  
District File Number 7-50-1125  
Date Filed JUL 27 1950

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

*R. M. Carter*

Licensed Embalmer No. 4117

P. O. Address *Moberg Mo.*

Signed.....  
Student Embalmer

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.