

FILED DEC 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

39608

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>128</u>			
1. PLACE OF DEATH a. COUNTY <u>Vernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Vernon</u>					
b. CITY OR TOWN <u>Nevada</u>		c. LENGTH OF STAY (In this place) <u>No. 9 years</u>		c. CITY OR TOWN <u>Nevada</u>		1082			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home - 217 Elm St.</u>				d. STREET ADDRESS (If rural, give location) <u>217 So. Elm Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Francis</u> b. (Middle) <u>Edward</u> c. (Last) <u>Bice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 19 1950</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 1 1896</u>			
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>18</u>		IF UNDER 4 HRS. Hours <u></u> Min. <u></u>					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe operator</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Salma Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Edward Bice</u>			13b. MOTHER'S MAIDEN NAME <u>Susann Murphy</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Keeter Bice</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>Yes World War I</u>			16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Stella K. Bice</u> ADDRESS <u>Nevada 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>Coronary Occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/>					
				DUE TO (c) <input checked="" type="checkbox"/>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Over weight.</u>								H 201 several years.	
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) <input checked="" type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Nevada Vernon Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>					
22. I hereby certify that I attended the deceased from <u>Nov 19 1950</u> , to <u>Nov 19 1950</u> , that I last saw the deceased <u>deceased on my arrival</u> , and that death occurred at <u>5A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>W. Love MD</u> (Degree or title)				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>11/26/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-22-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Newton Burial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada Missouri</u>			
DATE REC'D BY LOCAL REG <u>Dec. 1, 1950</u>		REGISTRAR'S SIGNATURE <u>Nathyn H. Prucy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen V. Hays</u>		ADDRESS <u>Nevada Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

DEC 17 1950

RECEIVED DEC 5 1950

Dist. File 1250-2417

Date Filed 12-5-50

DEC 17 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Allen V. Hayes

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.