

FILED AUG 23 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27864**

BIRTH NO. _____		REG. DIST. NO. <b>278</b>		PRIMARY REG. DIST. NO. <b>3054</b>		Registrar's No. <b>75</b>	
1. PLACE OF DEATH a. COUNTY <b>Pike</b> <b>0821</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b>		c. LENGTH OF STAY (in this place) <b>2 months</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Louisiana</b> <b>0821</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pike Co. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>418 South 5th St.</b> <b>0</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>LULA</b>			b. (Middle) <b>ESTELL</b>		c. (Last) <b>TRICE</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 6, 1951</b>
5. SEX <b>Female</b> /	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b> <input checked="" type="checkbox"/>		8. DATE OF BIRTH <b>June 7, 1882</b>	9. AGE (in years last birthday) <b>69</b>	10. MONTHS <b>1</b>	11. DAYS <b>29</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Housekeeping</b>		11. BIRTHPLACE (State or foreign country) <b>Pike Co. Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>	
13a. FATHER'S NAME <b>Abram Half</b>			13b. MOTHER'S MAIDEN NAME <b>Josinah Agnew</b>		14. NAME OF HUSBAND OR WIFE <b>George Trice</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Ray Johnson, Louisiana, Missouri</b>			
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) <b>Uræmia</b>			INTERVAL BETWEEN ONSET AND DEATH
				ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Renal stones with secondary infection</b>			
				DUE TO (c) <b>Post operative</b>			
				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>6-13-51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of sigmoid - 602X H</b>					
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 <b>1951</b> to <b>8-8, 1951</b> , that I last saw the deceased alive on <b>8-9, 1951</b> , and that death occurred at <b>8:50pm</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>H. D. Louisiana, Missouri</b>				23b. ADDRESS <b>Louisiana, Missouri</b>		23c. DATE SIGNED <b>8-7-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>8/8/51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Riverview Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Louisiana, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>Aug 8, 1951</b>		REGISTRAR'S SIGNATURE <b>Bunee Collier</b> <b>374</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sterne Funeral Home, Louisiana, Mo.</b>			

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

Date Received: **AUG 22 1951**  
DISTRICT HEALTH OFFICE #2  
District File Number *8-51-1482*  
Date Filed: **AUG 22 1951**

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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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Virginia M. Stearns*.....

Licensed Embalmer No. *4645*.....

P. O. Address *Louisiana, 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.**