

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40572

FILED DEC 11 1951

BIRTH NO. _____ REG. DIST. NO. 326 PRIMARY REG. DIST. NO. 4107 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>Scotland 990</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Scotland</u>	
b. CITY OR TOWN <u>Arbela Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arbela Mo. Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0990</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Retta</u> b. (Middle) <u>Beatrice</u> c. (Last) <u>Dice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 19-51</u>		
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. (MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify))	8. DATE OF BIRTH <u>Mar 13-1912</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if work was seasonal) <u>house wife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Scotland Mo</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Scott Smith</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie Dorsey</u>	14. NAME OF HUSBAND OR WIFE <u>Karl M. Dice</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Karl M. Dice</u>	ADDRESS <u>Arbela 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about to Nov 1951</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanotic Melano Epithelioma</u> <u>to Lung and Mediastinum</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>190x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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 April, 1951, to Nov 19, 1951, that I last saw the deceased alive on Nov 19, 1951, and that death occurred at 1:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>L. E. Lowe Do.</u>	23b. ADDRESS <u>Memphis Mo</u>	23c. DATE SIGNED <u>11/26/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>Nov 21-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis i.</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>
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DATE REC'D BY LOCAL REG. <u>11/29/51</u>	REGISTRAR'S SIGNATURE <u>OTABaker</u>	407	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kerth Beckett</u>	ADDRESS <u>Memphis</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Received: DEC 6 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2226
Date Filed: DEC 6 1951

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

Fred Gerth

Licensed Embalmer No. 4256

P. O. Address *Memphis*

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.