

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15307

State File No. _____

FILED APR 24 1952

328-235

PRIMARY REG. DIST. NO. 4492 Registrar's No. 15

BIRTH NO. _____			REG. DIST. NO. 235			PRIMARY REG. DIST. NO. 4492			Registrar's No. 15		
1. PLACE OF DEATH a. COUNTY SCOTT						2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY SCOTT					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ORAN				c. LENGTH OF STAY (In this place) 66 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 1000 OR TOWN ORAN				d. STREET ADDRESS (If rural, give location) ORAN	
d. FULL NAME OF HOSPITAL OR INSTITUTION ORAN						d. STREET ADDRESS (If rural, give location) ORAN					

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) BEACHAMP c. (Last) GRICE			4. DATE OF DEATH (Month) (Day) (Year) APRIL 8 1952										
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED MARRIED		8. DATE OF BIRTH MARCH 4 1870		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR: Months _____ Days _____		10. IF UNDER 1 YEAR: Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) ONTARIO, CANADA 2				12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JOHN GRICE				13b. MOTHER'S MAIDEN NAME LOUISA ?				14. NAME OF HUSBAND OR WIFE ADA THORNTON GRICE					

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE			17. INFORMANT'S SIGNATURE OR NAME ADA GRICE			ADDRESS ORAN, MO.		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)												INTERVAL BETWEEN ONSET AND DEATH 7	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis													
*This does not mean the mode of dying, such as heart failure, asthenia, 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) _____													
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 4-2-14								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)	
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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?	
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22. I hereby certify that I attended the deceased from 1950 to 4/8, 1952, that I last saw the deceased alive on 4/5, 1952, and that death occurred at 12:45p., from the causes and on the date stated above.

23a. SIGNATURE W. A. Cline, M.D. (Degree or title)				23b. ADDRESS Oran, Mo				23c. DATE SIGNED 4/10/52			
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APR. 11 1952		24c. NAME OF CEMETERY OR CREMATORY FRIEND		24d. LOCATION (City, town, or county) (State) ORAN SCOTT COUNTY MO.			
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DATE REC'D BY LOCAL REG. April 16-52		REGISTRAR'S SIGNATURE Mrs. F. Biplinghoff				25. FUNERAL DIRECTOR'S SIGNATURE Earl J. Smith				ADDRESS ORAN, MO	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED APR 21 1952

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 452-116

APR 21 1952

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 Earl F. Smith

Licensed Embalmer No. 2676

P. O. Address Orem, Ute.

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.