

FILED APR 8 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 9325

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 107 PRIMARY REG. DIST. NO. 5422 Registrar's No. 45

350  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>St Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St Louis 2269</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 84 East 3 miles</u>		d. STREET ADDRESS (If rural, give location) <u>3609A North Broadway</u>	
3. NAME OF DECEASED a. (First) <u>Maxine</u> b. (Middle) <u>Damron</u> c. (Last) <u>Tice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 - 1953</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 7 - 1929</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Kennett Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Max Damron</u>	
13b. MOTHER'S MAIDEN NAME <u>Verda L. Benson</u>		14. NAME OF HUSBAND OR WIFE <u>James E. Tice</u>	
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>None</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Jack Kelly Caruthersville, Mo.</u>		ADDRESS	
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.			INTERVAL BETWEEN ONSET AND DEATH <u>10 Min.</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Fracture of Skull</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		035	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, in street, etc.) <u>Highway 84</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Kennett 4 m. East Dunklin Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 2, 1953 12:05 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car Wreck</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, and that death occurred at <u>2:15 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Last name or title) <u>Quinton Tarver, M.D.</u>		23b. ADDRESS <u>Kennett Mo</u>	
23c. DATE SIGNED <u>4/3/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Kennett Mo.</u>
DATE REC'D BY LOCAL REG. <u>4-3-53</u>	REGISTRAR'S SIGNATURE <u>Paul J. Hubbard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Lenta Service</u> ADDRESS <u>Kennett Mo</u>	

RECEIVED DUNKLIN COUNTY HEALTH  
DEPARTMENT 4-7-53  
COUNTY FILE NUMBER 453-9

MAY 4 1954  
JUL 24 1953  
FEB 16 1954

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 *Edgar Reed Ford*

Licensed Embalmer No. *4433*

P. O. Address *Pennington 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.