

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13018

State File No. ....

FILED APR 14 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 4519 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>TEXAS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>TEXAS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CABOOL</u>	<u>1070</u>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>OZARK ST. 0</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>William</u>	b. (Middle) <u>LESTER</u>	c. (Last) <u>ICE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APR. 7-1953</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>AUG. 4, 1915</u>	9. AGE (In years last birthday) <u>37</u> IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>TYRONE, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>JAMES V. ICE</u>	13b. MOTHER'S MAIDEN NAME <u>OLGA MORGAN</u>	14. NAME OF HUSBAND OR WIFE <u>JEAN ICE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>YES WW II</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Jean Ice</u> ADDRESS <u>Cabool</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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>MYOCARDITIS</u>		<u>5 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Scleroderma, Generalized</u> DUE TO (c) _____		<u>8 years.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatoid Arthritis</u>		<u>10 yrs.</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 Apr 5, to Apr 7, 1953, that I last saw the deceased alive on Apr 7, 1953, and that death occurred at 12:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Garrett Boggs</u>	23b. ADDRESS <u>Cabool Mo</u>	23c. DATE SIGNED <u>Apr 8 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4/9/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CABOOL CEMET.</u>	24d. LOCATION (City, town, or county) (State) <u>CABOOL, MO.</u>
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DATE REC'D BY LOCAL REG. <u>4-8-53</u>	REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James L. Stentz</u> ADDRESS <u>Cabool</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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APR 22 1958

MAY 15 1958

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

*James L. Hentz*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4718*

P. O. Address *Cabool, 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.