

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **23614**

FILED JUL 13 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **338** PRIMARY REG. DIST. NO. **6154** Registrar's No. **20**

1. PLACE OF DEATH a. COUNTY <b>Stoddard</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <b>Missouri</b> b. COUNTY <b>Stoddard</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Essex Richland Twp.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Essex Richland twp.</b>	
c. LENGTH OF STAY (In this place) <b>14 yr.</b>		d. STREET ADDRESS (If rural, give location) <b>Route 2</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Route 2</b>			

3. NAME OF DECEASED (Type or Print) <b>William</b>	a. (First)	b. (Middle) <b>Early</b>	c. (Last) <b>Hice</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>July 1, 1953</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>April 5, 1885</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Rodgerville, Ark.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Henry Hice</b>	13b. MOTHER'S MAIDEN NAME <b>Lue Greer</b>	14. NAME OF HUSBAND OR WIFE <b>deceased</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>XX</b>	17. INFORMANT'S SIGNATURE OR NAME <b>W. O. Hice</b>	ADDRESS <b>Morrelton, Ark.</b>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Complete loss of top of fore-head.</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>12 gauge shot-gun wound</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 <b>976x 10<sup>2</sup></b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>farm yard</b>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Richland Twp. Stoddard Missouri</b>
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21d. TIME (Month) (Day) (Year) (Hour) <b>July 1, 1953 10:00 A.M.</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Believed self-inflicted.</b>
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:00 A.M.** from the causes and on the date stated above.

23a. SIGNATURE <b>W. W. Ramsey</b>	(Degree or title) <b>Coroner 3</b>	23b. ADDRESS <b>Dexter, Missouri</b>	23c. DATE SIGNED <b>7-3-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	24b. DATE <b>7-3-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Odd Fellow cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Charleston, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>July 10, 1953</b>	REGISTRAR'S SIGNATURE <b>Rose Wehler</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Watkins Funeral Ser.</b>	ADDRESS <b>Dexter, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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AUG 6 1959

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

*Walter Marsh Watkins*

Licensed Embalmer No. *4717*

P. O. Address *Dexter, 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.