

FILED AUG 8 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24470

BIRTH NO.		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 719	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>TANEY</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Branson</u>		d. STREET ADDRESS (If rural, give location) <u>1009</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burg</u>				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Danny</u>			b. (Middle) <u>Stice</u>			c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>August 2 1953</u>							
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>child</u>		8. DATE OF BIRTH <u>December 26, 1951</u>	
9. AGE (In years last birthday) <u>1 yr 7 months</u>		10. MONTHS <u>7</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Gassville, Arkansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>child</u>				10b. KIND OF BUSINESS OR INDUSTRY ---		11. BIRTHPLACE (City and State or Foreign Country) <u>Gassville, Arkansas</u>	
13a. FATHER'S NAME <u>L. J. Stice</u>				13b. MOTHER'S MAIDEN NAME <u>Geneva Rogers</u>		14. NAME OF HUSBAND OR WIFE ---	
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>L. J. Stice</u>			
15. ADDRESS							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>-----</u>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Tuberculous meningitis & tuberculomas</u>					INTERVAL BETWEEN ONSET AND DEATH <u>more than 10 days</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		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>010X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)		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 <u>8/1</u> , 1953, to <u>8/2</u> , 1953, that I last saw the deceased alive on <u>8/2</u> , 1953, and that death occurred at <u>8:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Albert T. Hampton, M.D.</u>				23b. ADDRESS <u>St. Louis, Mo.</u>		23c. DATE SIGNED <u>8/2/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/4/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Marion County, Ark.</u>	
DATE REC'D BY LOCAL REG. <u>8-7-53</u>		REGISTRAR'S SIGNATURE <u>Ernie Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. A. Dunn</u>			
				ADDRESS <u>Greenville, Ark.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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: *Mrs J. Rogan*

Licensed Embalmer No. *698*

P. O. Address *Farrison, Ark*

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.