

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3746

BIRTH NO. _____		REG. DIST. NO. <u>379</u>		PRIMARY REG. DIST. NO. <u>8152</u>		Registrar's No. <u>95</u>							
1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>TEXAS</u>									
b. CITY OR TOWN <u>MANSFIELD</u>		c. LENGTH OF STAY (in this place) <u>2 DAY</u>		c. CITY OR TOWN <u>CABOOL</u>		1070							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>/</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>L.</u>		c. (Last) <u>ICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20 - 55</u>						
5. SEX <u>MO</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>2 MAY 25, 1874</u>		9. AGE (In years last birthday) <u>80</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>TEXAS CO., MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					
13a. FATHER'S NAME <u>JACKSON ICE</u>				13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>				14. NAME OF HUSBAND OR WIFE <u>LURA</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>Soldier Haven,</u>				ADDRESS <u>Cabool</u>			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u> ANTECEDENT CAUSES DUE TO (b) <u>Uremia</u> DUE TO (c) <u>Carcinoma of Prostate</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH <u>8 mo.</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>177X</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>Jan 16, 1955</u> , to <u>Jan 20, 1955</u> , that I last saw the deceased alive on <u>Jan 16, 1955</u> , and that death occurred at <u>1:15 A.M.</u> , from the causes and on the date stated above.													
23a. SIGNATURE (Degree or title) <u>Richard L. Mitchell DO</u>						23b. ADDRESS <u>W. L. Love, Mo.</u>			23c. DATE SIGNED <u>1/24/55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-22-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK CEMET. TEXAS CO., MO.</u>			24d. LOCATION (City, town, or county) (State)						
DATE REC'D BY LOCAL REG. <u>2/9/55</u>		REGISTRAR'S SIGNATURE <u>Ann R...</u> <u>384</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Elliott - Sentry</u>			ADDRESS <u>Cabool, Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

1140

RECEIVED FEB 5 1955
WRIGHT CO. HEALTH DEPT.
County File Number 255-14
Date Filed 2-5-55

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 James L. Gentry

Licensed Embalmer No. 4718

P. O. Address Calool, W.Va.

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.