FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9979

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 5852 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY: Nodaway
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ravenwood - rural
c. LENGTH OF STAY (in this place): ------
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4 miles east

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Nodaway
c. CITY OR TOWN: Ravenwood
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): none

0740

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): YVONNE
c. (Last): VERBICK

4. DATE OF DEATH (Month): 3 (Day): 15 (Year): 56

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10/16/37
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours ___ Min. ___
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Typist
10b. KIND OF BUSINESS OR INDUSTRY: Insurance Co.
11. BIRTHPLACE (City and State or Foreign Country): Ravenwood, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Ernest Grantham
13b. MOTHER'S MAIDEN NAME: Erma Morrow
14. NAME OF HUSBAND OR WIFE: Delbert Verbick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 489-40-8617
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Ernest Grantham, Ravenwood, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of neck at base of skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

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 ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): County Road O
21c. (CITY, TOWN, OR TOWNSHIP) Jackson (COUNTY) Nodaway (STATE) Mo.
21d. TIME OF INJURY (Month) 3 (Day) 15 (Year) 56 (Hour) p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Icy place on highway, car overturned

22. *I hereby certify that I attended the deceased from* not attended, 19__, *to* March 15, 19 56, *that I last saw the deceased alive on* not seen, 19__, *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE George Burch D. Sheriff (Degree or title)
23b. ADDRESS: Maryville, Missouri
23c. DATE SIGNED: 3/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/18/56
24c. NAME OF CEMETERY OR CREMATORY: High Ridge
24d. LOCATION (City, town, or county) (State): Stanberry, Missouri

DATE REC'D BY LOCAL REG.: 3-24-56
REGISTRAR'S SIGNATURE: Beso Holt
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Price Funeral Home, Maryville, Mo.

(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 em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 182

P. O. Address Marysville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.