

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41009

FILED JAN 3 1957

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>99</u>		PRIMARY REG. DIST. NO. <u>2372</u>		Registrar's No. <u>10</u>			
1. PLACE OF DEATH a. COUNTY <u>DeKalb</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission!) a.-STATE <u>Mo</u> b. COUNTY <u>DeKalb</u>					
b. CITY OR TOWN <u>Maysville</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Maysville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>				e. STREET ADDRESS (If rural, give location) <u>7 Hi, S?E? of town</u>					
3. NAME OF DECEASED (Type or Print) <u>Henderson</u>		a. (First) <u>S</u>		b. (Middle) <u>Dice</u>		c. (Last) <u>Dice</u>			
4. DATE OF DEATH <u>12-7-56</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>9-30-1882</u>		9. AGE (In years last birthday) <u>75</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		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 <u>farm</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Maysville Mo,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>George Dice</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Thompson</u>			
14. NAME OF HUSBAND OR WIFE <u>Ellen Dice</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXXXXXXXXXX</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Dice</u> ADDRESS <u>Mayaville Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Oesophagus</u>				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. <u>Hypertension</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>150X</u>			
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) (Min.)		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>June 1, 1956</u> , to <u>Dec. 7, 1956</u> , that I last saw the deceased alive on <u>Dec. 5, 1956</u> , and that death occurred at <u>11:00 p.m.</u> from the causes and on the date stated above.									
23a. SIGNATURE <u>Fred K. Wilson</u>				23b. ADDRESS <u>Winston, Missouri</u>		23c. DATE SIGNED <u>12/14/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-10-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shembaugh</u>		24d. LOCATION (City, town, or county) (State) <u>Weatherby Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-27-56</u>		REGISTRAR'S SIGNATURE <u>Russell Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John Beaman</u>		ADDRESS <u>Mayaville Mo</u>			

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

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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.....
Signature of Student Embalmer

Signed *John B. Brown*.....
Licensed Embalmer No. 3933.....

P. O. Address *Mayaville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.