RI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-031607

STATE FILE NUMBER

FILED VS SEP 14 1960 228

Registration District No. _____ Primary Registration District No. 3054 Registrar's No. 115

1. PLACE OF DEATH
a. COUNTY: PIKE
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: LOUISIANA
Length of stay in 1b: LIFE
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 512 N 6th St.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO
b. COUNTY: PIKE
c. CITY OR TOWN: LOUISIANA
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 512 N 6th St.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First WILLIAM Middle DEAN Last INCE

4. DATE OF DEATH: Month AUG Day 28 Year 1960

5. SEX: M

6. COLOR OR RACE: W

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 2-23-59

9. AGE (last birthday): 18 MONTHS

IF UNDER 1 YEAR: Months ____ Days ____
IF UNDER 24 HR: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): CHILD

10b. KIND OF BUSINESS OR INDUSTRY: CHILD

11. BIRTHPLACE (City and state or country): LOUISIANA MO

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: ROBERT HENRY INCE

13b. MOTHER'S MAIDEN NAME: LINDA LOU DODSON

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)

16. SOCIAL SECURITY NO.

17. INFORMANT: ROBERT H INCE Address: LOUISIANA MO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Primary Malignant Hepatoma — INTERVAL BETWEEN ONSET AND DEATH: 6 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ____
DUE TO (c): ____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Feb 1 '60, to Aug '60 and last saw ~~her~~ him alive on 8-28-60
Death occurred at 10:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): W. Joe Martin, MD.

22b. ADDRESS: Louisiana, Mo.

22c. DATE SIGNED: 9-12-60

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: AUG 30-60

23c. NAME OF CEMETERY OR CREMATORY: RIVER VIEW

23d. LOCATION (City, town, or county) (State): LOUISIANA MO

24. FUNERAL DIRECTOR: COLLIER FUNERAL SERVICE
ADDRESS: LOUISIANA MO

25. DATE RECD. BY LOCAL REG.: Sept 12 1960

26. REGISTRAR'S SIGNATURE: Bernice Collier

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MS FEB 21 [illegible]

SEP 22 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed b

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed_____

Signature of Student Embalmer

Licensed Embalmer No._____

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to c 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.