

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-014795

STATE FILE NUMBER

Registration District No. 114 Primary Registration District No. 4186 Registrar's No. 12

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 19 1962

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sullivan</u>		Length of stay in lb <u>18 Mos.</u>	c. CITY OR TOWN <u>Sullivan</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>319 Beeman St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>319 Beeman St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Arvona</u> Middle <u>M.</u> Last <u>Tice</u>			4. DATE OF DEATH Month <u>April</u> Day <u>11</u> Year <u>1962</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/12/1901</u>	9. AGE (last birthday) <u>60</u>	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and state or country) <u>Sarcoxie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Churchill Wyatt</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E. Mathis</u>		14. NAME OF HUSBAND OR WIFE <u>Herbert E. Tice</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 Address <u>James Tice Bourbon, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carcinoma of the Stomach</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from Oct 1961 to Apr. 11, 1962 and last saw her/him alive on Apr 11 1962
Death occurred at 8:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>R.P. Rogers MD</u>	22b. ADDRESS <u>316 Elm St. Sullivan Mo</u>	22c. DATE SIGNED <u>4/11/62</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/13/1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Crow Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>R.R.1, Sullivan, Mo.</u>
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24. FUNERAL DIRECTOR ADDRESS <u>H.M. Eaton Sullivan, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4/11/1962</u>	26. REGISTRAR'S SIGNATURE <u>William Cowan</u>
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VS 300 Rev. 4/59	DATE AMENDED	
10363	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	
26363	INSTEAD OF	
3	DOCUMENT	
4 1	MEDICAL CERTIFICATION	
5 2	BY AFFIDAVIT OF	
6	SHOULD READ	
7 0	SHOULD BE	
8 2	SHOULD BE	
9 151X	SHOULD BE	
10	SHOULD BE	
11	SHOULD BE	
12 90-0	SHOULD BE	
13 6-0	SHOULD BE	

USE BLACK INK OR TYPEWRITER RIBBON

68 2117 ST



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 Hanson W. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, 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.