

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031038

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 356 Primary Registration District No. 4521 Registrar's No. 80

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUL 22 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

SHOULD READ

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USE BLACK INK OR TYPEWRITER RIBBON

|  |   |   |   |
|--|---|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Texas</u>  |   | 2. USUAL RESIDENCE (Where deceased lived, or institution: Residence before admission)<br>a. STATE <u>Mo.</u> b. COUNTY <u>Texas</u>                         |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Houston</u>  |   | c. CITY OR TOWN <u>Houston</u>  |   |
| Length of stay in 1b   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>None</u>   |   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Thomas</u> Middle <u>J.</u> Last <u>Ice</u>  |   | 4. DATE OF DEATH<br>Month <u>7</u> Day <u>16</u> Year <u>1963</u>   |   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>7-14-1881</u>   |
| 9. AGE (last birthday) <u>82</u>   |   | IF UNDER 1 YEAR<br>Months <u>2</u> Days <u>2</u> Hours <u></u> Min. <u></u>   | IF UNDER 24 HR<br>Hours <u></u> Min. <u></u>                              |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>   |   |
| 11. BIRTHPLACE (City and state or country) <u>Grandview Mo.</u>  |   | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME <u>George Ice</u>   |   | 13b. MOTHER'S MAIDEN NAME <u>Ellen Hardcastle</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Effie Hanes</u>   |   | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or if known) (If yes, give war or dates of serv)<br><u>No</u>   |   |
| 16. SOCIAL SECURITY NO. <u></u>  |   | 17. INFORMANT <u>Martha McKinney</u> Address <u>Houston</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Acute Intra-abdominal Hemorrhage</u><br>DUE TO (b) <u>Carcinomatosis 2° to a</u><br>DUE TO (c) <u>Primary Carcinoma of Pancreas</u><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>General Impairment of Age</u><br>PART III. deceased was female was here a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |   | INTERVAL BETWEEN ONSET AND DEATH  |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>   |   |   |   |
| 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   |
| 21. I attended the deceased from <u>7/10/1948</u> to <u>7/16/63</u> and last saw him alive on <u>7/16/63</u> .<br>Death occurred at <u>7:25 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |   |
| 22a. SIGNATURE <u>T. J. Burns, MD</u> (Degree or title)  |   | 22b. ADDRESS <u>Houston, Mo.</u>  | 22c. DATE SIGNED <u>7/17/63</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE <u>7-18-63</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Ozark Cemetery</u>  | 23d. LOCATION (City, town, or county) (State)<br><u>Houston (Tex) Mo.</u> |
| 24. FUNERAL DIRECTOR <u>L.F. Evans</u> ADDRESS <u>Houston, Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>July, 17, 63</u>  | 26. REGISTRAR'S SIGNATURE <u>Myrtie Craig</u>                             |

AUG 1 1963

**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 *Lowell C. Craig*

Licensed Embalmer No. 4766

P. O. Address *Mtn Grove*

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.