

FILED APR 19 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14396

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 3061		Registrar's No. 134			
1. PLACE OF DEATH a. COUNTY <u>St. Francois</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). ---a. STATE <u>Missouri</u> --- b. COUNTY <u>St. Francois</u>					
b. CITY OR TOWN <u>Flat River</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Flat River</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>805 Jackson St.</u>				e. STREET ADDRESS (If rural, give location) <u>805 Jackson St. Flat River, Mo.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Thomas</u>		b. (Middle) <u>George</u>		c. (Last) <u>Morice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 4-1956</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White-Cauc.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec 22-1887</u>			
9. AGE (In years last birthday) <u>68-2-17</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired elevator operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>National Lead Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Leicester - Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Mr. Louis Morice</u>		13b. MOTHER'S MAIDEN NAME <u>Louise La Plante</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Wilson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>496-14-5870A</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms Elizabeth Morice - Flat River, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma L maxilla</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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>MAR-17</u> , 19 <u>55</u> , to <u>4-4</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>4-4</u> , 19 <u>56</u> , and that death occurred at <u>7P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. A. Appleberry M.D.</u>				23b. ADDRESS <u>Flat River Mo</u>		23c. DATE SIGNED <u>4-9-56</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>April 7-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Francois Mo</u>			
DATE REC'D BY LOCAL REG <u>Apr 9, 1956</u>		REGISTRAR'S SIGNATURE <u>Ethel Redloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alan Wm Hood 303 Crown St. Flat River Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

89

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 *Robert Hood* 303 Crane St. Fla

Licensed Embalmer No.... 27

P. O. Address *303 Crane St. Flat River*

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.