

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **39655**
Registrar's No. **198**

Registration District No. **773**

Primary Registration District No. **6018A**

1. PLACE OF DEATH:

(a) County **St. Francois Co.**
(b) City or town **Near Farmington - St. Francois Co.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
State Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr. 8 mos. 27 ds**
(Specify whether
In this community **3**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Iron**
(c) City or town **Arcadia**
(If outside city or town limit, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10** day **15**
year **1940** hour **9** minute **8** M.

21. I hereby certify that I attended the deceased from
1-18, 19**40**, to **10-15**, 19**40**;
that I last saw him alive on **10-15**, 19**40**;
and that death occurred on the date and hour stated above.

Immediate cause of death
General Paralysis (Parisis)
Due to **82**

Due to **Terminal Bronchopneumonia**
Other conditions **2 or 3**

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no**
Of autopsy **no**

Duration
2 yrs?
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Chester Rice**

3. (b) If veteran, name war
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Peggy Fulton** 6. (c) Age of husband or wife if alive **Age Un. years**

7. Birth date of deceased **June 25** (Month) **1907** (Day) (Year)

8. AGE: Years **33** Months **3** Days **20** If less than one day hr. min.

9. Birthplace **Alton Missouri** (City, town, or county) (State or foreign country)

10. Usual occupation **Lineman repair man**

11. Industry or business **Telephone Co.**

12. Name **Arthur Rice**

18. Birthplace **Thomasville Missouri** (City, town, or county) (State or foreign country)

14. Maiden name **Vada Livingston**

15. Birthplace **Alton Missouri** (City, town, or county) (State or foreign country)

16. (a) Informant **Records of State Hospt. #4**

(b) Address **Farmington, Mo.**

17. (a) **Burial** (b) Date thereof **Oct -17- 40** (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Alton, Mo.**

18. (a) Signature of funeral director **Geo. Tavis Graves, Jr.**

(b) Address **Phayer Mo 611**

19. (a) **Nov 28-1940** (b) (Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence **no**

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury

23. Signature **Geo. Tavis Graves, Jr.** (M. D. or other) **M.D.**

Address **Farmington, Mo.** Date signed

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

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.....

Self

..... Registered Apprentice No.

working under my personal supervision.

Signed.....

Geo. Carr

Licensed Embalmer No.

2852

P.O. Address

Thayer - No

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 this body is not embalmed, above space should be left blank.