

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13218
1502

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1502

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>19 ANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>CAMERON</u>	
c. LENGTH OF STAY (in this place) <u>4 days</u>		d. STREET ADDRESS (If rural, give location) <u>NORTH WALNUT</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LANESIDE HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ICEY</u> b. (Middle) <u>ARNETTA</u> c. (Last) <u>RICE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 31. 1950</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>JUNE 18-1871</u>		9. AGE (In years last birthday) <u>78 YEARS</u>		10. IF UNDER 1 YEAR Months Days	
11. IF UNDER 1 HRS. Hours Min.		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. BIRTHPLACE (State or foreign country) <u>PERRYVILLE OHIO</u>	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>PERRYVILLE OHIO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HIRAM SMITH</u>			13b. MOTHER'S MAIDEN NAME <u>JANE DONALDSON</u>			14. NAME OF HUSBAND OR WIFE <u>H.E. RICE</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>--</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>		ADDRESS <u>Kansas City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<u>Hypostatic Pneumonia</u>				<u>20 hr</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Sclerosis of Liver</u>					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Chronic Myocarditis</u>					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>5810</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		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 3-28, 1950, to 3-31, 1950, that I last saw the deceased alive on 3-30, 1950, and that death occurred at 2:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L.J. Graham</u> (Degree or title)		23b. ADDRESS <u>418 Bryant Bldg</u>		23c. DATE SIGNED <u>3-31-1950</u>	
24a. BURIAL (REMOVAL) (Specify)		24b. DATE <u>APR. 1-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>EVERGREEN CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>CAMERON MISSOURI</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geraldine Holmes</u>		ADDRESS <u>331 BRUSH CREEK KANSAS CITY, MO.</u>	
DATE REC'D BY LOCAL REG. <u>3-31-50</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE <u>A.T. Newcomer's dau</u>	

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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 this body is not embalmed, fact should be so stated above.