

FILED SEP 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 25915

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>	PRIMARY REG. DIST. NO. <u>3000</u>	Registrar's No. <u>238</u>
1. PLACE OF DEATH a. COUNTY <u>Adair</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scotland</u>		
b. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>29 hrs</u>	c. CITY (If outside corporate limits, write BURAL and give township) OR TOWN <u>Memphis</u> <u>0991</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Loughlin</u>		d. STREET ADDRESS (If rural, give location) <u>132 N Adams</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Stewart</u> b. (Middle) <u>K</u> c. (Last) <u>Rice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 30 1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>Mar 2 1900</u>	9. AGE (In years last birthday) <u>50</u> if under 1 year <u>5</u> Months <u>28</u> Days if under 2 hrs. <u>—</u> Hours <u>—</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pepe Cola Co</u>	11. BIRTHPLACE (State or foreign country) <u>Memphis Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo</u>
13a. FATHER'S NAME <u>Will Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Victoria Ruse</u>		4. NAME OF HUSBAND OR WIFE _____
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>R R Crut</u> ADDRESS <u>Memphis 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>2 years?</u>
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) _____ m.		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>Aug 29, 1950</u> , to <u>Aug 30, 1950</u> , that I last saw the deceased alive on <u>Aug 30, 1950</u> , and that death occurred at <u>4:50 AM.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>J. T. Rhoads</u> (Degree or title) _____		23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>8-30-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 1 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memphis cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Memphis Mo</u>
DATE REC'D BY LOCAL REG. <u>Sept 7-50</u>		REGISTRAR'S SIGNATURE <u>Rate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gertha Buckall</u> ADDRESS <u>Memphis</u>

NOT 9 1950

Date Received: SEP 11 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 9-50-1  
Date Filled: SEP 12 1950

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-----

working under my personal supervision.

Student Embalmer No.....

Signed Albert C Gerth

Signed.....  
Student Embalmer

Licensed Embalmer No. 4252

P. O. Address Memphis M

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.