

THE DIVISION OF HEALTH OF MISSOURI
FILED AUG 21 1950 STANDARD CERTIFICATE OF DEATH

0770 27728
State File No.

BIRTH NO. _____ REG. DIST. NO. 265 PRIMARY REG. DIST. NO. 5888 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Ozark</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Ozark</u>	
b. CITY OR TOWN <u>Dugginsville Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dugginsville Mo Rural - Big Creek Twp.</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Ozark Co - Big Creek Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)			

3. NAME OF DECEASED (Type or Print) <u>JENNIE RICE</u>			4. DATE OF DEATH <u>8-6-1950</u>		
a. (First)		b. (Middle)	c. (Last)		

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>8-27-1872</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>21</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>B. F. Quick</u>	13b. MOTHER'S M maiden name <u>Eileen Sullivan</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. J. Rice</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ola Head</u>	ADDRESS <u>Gainesville Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterial Hypertension</u>		
	DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1941, to 8-6, 1950 that I last saw the deceased alive on 8-4, 1950, and that death occurred at 7:45 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>M. J. Sherman</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Gainesville, Mo</u>	23c. DATE SIGNED <u>8-8-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>8-8-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lutie Mo. Ozark Co - Mo</u>
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DATE REC'D BY LOCAL REG. <u>8-11-50</u>	REGISTRAR'S SIGNATURE <u>Mae Johnson</u>	FUNERAL DIRECTOR'S SIGNATURE <u>Chas. Kinghead</u>	ADDRESS <u>Funeral Home</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
ISSUED AUG 14 1950
File 850-973
Case No. 8-15-50

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 Charles P. Roof

Licensed Embalmer No. 3044

P. O. Address Gainesville, 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.