

No. 300  
10.48

FILED NOV 13 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33258

45-65-66  
0396

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 974

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>2 weeks</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		1396	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge</u>		d. STREET ADDRESS (If rural, give location) <u>2342 Travis</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ruth</u>		b. (Middle) <u>Pearcy</u>	
c. (Last) <u>Rice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>November 5 1950</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 26, 1899</u>
9. AGE (In years last birthday) <u>50</u>		IF UNDER 1 YEAR Months	IF UNDER 11 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Secretary</u>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Lebanon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm H. Percy</u>		13b. MOTHER'S MAIDEN NAME <u>Martha McDaniel</u>	
14. NAME OF HUSBAND OR WIFE <u>George Rice</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>No</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George B Rice, Springfield, Mo.</u>		ADDRESS	
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>Peritonitis following Gall bladder disease operation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gall bladder disease</u> DUE TO (c) <u>operation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Infected Gall bladder with stone</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>58 4/4</u>	
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>Oct 20, 1950</u> , to <u>Nov 5, 1950</u> , that I last saw the deceased alive on <u>Nov 3, 1950</u> and that death occurred at <u>8:45 P.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W E Dejeu MD</u>		23b. ADDRESS <u>406 N. W. Daniel</u> <u>Springfield Mo</u>	
23c. DATE SIGNED <u>11/6/50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>November 8, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Harrill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Near Lebanon, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>11-8-50</u>		REGISTRAR'S SIGNATURE <u>W E Handley</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Alma Schmeier</u>		ADDRESS <u>F.H. Springfield, Mo.</u>	

NOV 16 1951

FEB 12 1951

**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.

Signed Lee Mason

Signed.....  
Student Embalmer

Licensed Embalmer No. 4568

P. O. Address Springfield, 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.