

FILED OCT 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35937

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>349</u>		PRIMARY REG. DIST. NO. <u>4614</u>		Registrar's No. <u>14</u>	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Sullivan</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>		c. LENGTH OF STAY (In this place) <u>46 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Green City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home in Green City</u>				d. STREET ADDRESS (If rural, give location) <u>No street address</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u>		b. (Middle) <u>Basil</u>		c. (Last) <u>Rice</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 5, 1950</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>May 26, 1904</u>	
9. AGE (In years last birthday) <u>46</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Road construction</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>E. P. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Almira Davis</u>		14. 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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E. P. Rice, Green 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> ANTECEDENT CAUSES (b) <u>Exposure</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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>CO 2A</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)		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 4, 1950</u> , to <u>Oct 5, 1950</u> , that I last saw the deceased alive on <u>Oct 5, 1950</u> , and that death occurred at <u>8 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. Hunter MD</u>				23b. ADDRESS <u>Green City, Mo.</u>		23c. DATE SIGNED <u>Oct 7-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 8, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Green City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Oct. 11-1950</u>		REGISTRAR'S SIGNATURE <u>Laura Catlett</u>		412 25. FUNERAL DIRECTOR'S SIGNATURE <u>Allen E. Kent</u>		ADDRESS <u>Green City, Mo.</u>	

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

(Licensed Embalmer's Statement on Reverse Side)

Date Received: **OCT 16 1950**
DISTRICT HEALTH OFFICE #2
District File Number *10-50-171**
Date Filed: **OCT 17 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Karl R. Kent*

Licensed Embalmer No. *4689*

P. O. Address *Green 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.