

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20771

State File No. \_\_\_\_\_

No. 300  
10-48

FILED JUL 1 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 257

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>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (In this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1025 S. Cottage</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 1025 S. Cottage</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Phillip</u>	b. (Middle) <u>Sherwell</u>	c. (Last) <u>Rice</u>	<u>June 17, 1952</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Mar. 30, 1880</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>0</u> DAYS <u>0</u> HOURS <u>0</u> MINS. <u>0</u>
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>Outdoor Advertising</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Jersey City, N.J.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>Phillip J. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Sherwell</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret S. Rice (deceased)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>429 10 4354</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eunice Cameron, Independence, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a); (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary occlusion</u>			<u>24 hrs</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease</u>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		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 June 16, 1952, to June 17, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 6:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Eunice H. Dorsch MD</u>		23b. ADDRESS <u>10912 1/2 Winder Rd</u>		23c. DATE SIGNED <u>June 17, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>		24b. DATE <u>6/18/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cherrywood Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Cameron</u>		ADDRESS <u>Independence, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6-18-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		354-2	

(Licensed Embalmer's Statement on Reverse Side)

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

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**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

*Tom D. Markland*

Licensed Embalmer No. 4592

P. O. Address Indep. 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.