

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21259

State File No.

FILED JUL 13 1953

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4197 Registrar's No. 76

380

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

1. PLACE OF DEATH a. COUNTY Gentry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Jackson	
b. CITY OR TOWN Stanberry Mo		c. CITY OR TOWN Independence	
c. LENGTH OF STAY (In this place) 4 yrs.		d. STREET ADDRESS (If rural, give location) 3703 Beverly Circle 7005	
d. FULL NAME OF HOSPITAL OR INSTITUTION Harmony Hill Rest Haven			

3. NAME OF DECEASED (Type or Print) a. (First) Mrs. Chlora	b. (Middle) G.	c. (Last) Rice	4. DATE OF DEATH (Month) (Day) (Year) June 26 1953
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Jan 31 1886	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY athome	11. BIRTHPLACE (State or foreign country) Lucerne, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME T. B. Davis	13b. MOTHER'S MAIDEN NAME Sarah Davis	14. NAME OF HUSBAND OR WIFE divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. 500-22-5109 M J Rice	17. INFORMANT'S SIGNATURE OR NAME Independence, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senility DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)	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 Jan 1953, to June 26, 1953, that I last saw the deceased alive on Jan 26, 1953, and that death occurred at 8:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE Paul C. Musselman	23b. ADDRESS Stanberry Mo.	23c. DATE SIGNED 6/29-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 6/28/53	24c. NAME OF CEMETERY OR CREMATORY City cemetery	24d. LOCATION (City, town, or county) (State) Lucerne, Putnam, Mo.
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DATE REC'D BY LOCAL REG. July 6-53	REGISTRAR'S SIGNATURE Maudie Williams	25. FUNERAL DIRECTOR'S SIGNATURE Edoy G. Phillips	ADDRESS Stanberry
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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, and

~~working under my personal supervision.~~

~~Student Embalmer No.~~

~~Student~~
Student Embalmer

Signed

Robert A. Phillips

Licensed Embalmer No. 1898

P. O. Address Stoughton, Mass.

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.