No. 300
10/48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36873

FILED NOV 9 - 1953

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 271

1. PLACE OF DEATH
a. COUNTY: Randolph
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
c. LENGTH OF STAY (In this place): 0883
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCormick Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Randolph
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moberly
d. STREET ADDRESS (If rural, give location): 309 Hinton

3. NAME OF DECEASED (Type or Print)
a. (First): Buford
b. (Middle): H
c. (Last): Rice

4. DATE OF DEATH (Month) (Day) (Year): Nov 4th 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July 9 1926
9. AGE (In years last birthday): 27 — If under 1 year: Months 3, Days 25; If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Contractor
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Mo
12. CITIZEN OF WHAT COUNTRY?:

13a. FATHER'S NAME: Heber Rice
13b. MOTHER'S MAIDEN NAME: Betty M Riley
14. NAME OF HUSBAND OR WIFE: Betty Jean Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Betty Jean Rice
ADDRESS: Moberly, Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Came to his death by gunshot — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Wounds fired into his body of the
DUE TO (c) deceased by Joe Lawrence there being

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. insufficient evidence showing the — E981X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: cause of the shooting
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Tavern
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moberly Sugar Creek Randolph Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Nov. 4 1953 12:45 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Gunshot wound.

22. *I hereby certify that I attended the deceased from _____, 19____, to Nov 5 1953, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:55 A.M., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Guy S. Jolly DO Coroner
23b. ADDRESS: 203 1/2 N. Clark Moberly Mo
23c. DATE SIGNED: 11-6-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-6-1953
24c. NAME OF CEMETERY OR CREMATORY: Bennett
24d. LOCATION (City, town, or county) (State): Keytesville, Mo

DATE REC'D BY LOCAL REG.: 11-6-53
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: Madsen and Son, Moberly, Mo
ADDRESS:

(Licensed Embalmer's Statement on Reverse Side)

MAY 27 1959

JAN 19 1960

NOV 23 1959

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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Mobeetie Tx

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.