

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3778

State File No. ....

FILED JAN 26 1954

BIRTH NO. ....		REG. DIST. NO. <u>364</u>		PRIMARY REG. DIST. NO. <u>4531</u>		Registrar's No. <u>11</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>WARREN</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>WARRENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>JEFFERSON CITY</u>		d. STREET ADDRESS (If rural, give location) <u>513 BROADWAY</u>	
c. LENGTH OF STAY (in this place) <u>6 MONTHS</u>		e. STATE <u>MISSOURI</u>		b. COUNTY <u>COLE</u>		0264	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>KATIE JANE MEMORIAL HOME</u>				3. NAME OF DECEASED			
a. (First) <u>ZELLA</u>		b. (Middle)		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 23 1954</u>	
(Type or Print)							
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>10/16/1866</u>	
9. AGE (In years last birthday) <u>87</u>		10. MONTHS <u>3</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN</u>		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>JOHN EASTLEY</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELIZA</u>		14. NAME OF HUSBAND OR WIFE <u>J. R. RICE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. W. H. OVERSTREET</u>		ADDRESS <u>WENTZVILLE MISSOURI</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				<u>NA</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Angina pectoris</u>					
		DUE TO (c) <u>Chronic Bronchitis</u>					
		II. OTHER SIGNIFICANT CONDITIONS <u>Stroke</u>					
		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>Stroke</u>				20. AUTOPSY? <u>526 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		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>Aug 16, 1953</u> , to <u>Jan 23, 1954</u> , that I last saw the deceased alive on <u>Jan 22, 1954</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>David H. Holscher M.D.</u>				23b. ADDRESS <u>Warrenton, Mo.</u>		23c. DATE SIGNED <u>1-23-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>1-23-54</u>		REGISTRAR'S SIGNATURE <u>Floyd Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor P. Duescher</u>		ADDRESS <u>Jefferson City</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

1090  
4

AUG 23 1957

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

*Bill C. Branson*

Licensed Embalmer No. *46674*

P. O. Address *Jefferson 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.