

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

5182

State File No. _____

FILED MAR 15 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5588 Registrar's No. 86

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>Rural - Jackson County</u>		c. CITY OR TOWN <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>51 yrs</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>39th + Overton</u>		e. STREET ADDRESS (If rural, give location) <u>39th + Overton 7000</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>Rachael</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH-3-1954</u>		
5. SEX <u>Fe</u>		6. COLOR OF RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>24 JAN-1866</u>		9. AGE (In years less birthday) <u>88</u>		IF UNDER 1 YEAR Months _____ Days _____	
IF UNDER 24 HRS. Hours _____ Min. _____		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>At Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Wm H. Hartman</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen</u>		14. NAME OF HUSBAND OR WIFE <u>Christopher Rice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Charles P. Rice</u> ADDRESS <u>RR #9 K.C. 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Edema</u>		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u>			<u>57 yr</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442x</u>		20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <u>W/O</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 Dec 30 1953 to Nov 3, 1954 that I last saw the deceased alive on 3-2-54, and that death occurred at 5:00 PM, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <u>Francis L. Laffan MD</u>		23b. ADDRESS <u>Raytown Mo</u>		23c. DATE SIGNED <u>3-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6 March - 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Raytown Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ott + Mitchell</u>		ADDRESS <u>Indep. Mo</u>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>MAR 15 1954</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ott + Mitchell</u> ADDRESS <u>Indep. Mo</u>			

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

No. 300
10.48

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
Signature of Student Embalmer

Signed *Jason T. White*
Licensed Embalmer No. *49*

P. O. Address *Indef*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.