

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31154

Registrar's No. 74

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 5661

1. PLACE OF DEATH a. COUNTY <i>Lewis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lewis</i>	
b. CITY OR TOWN <i>Ewing, Township</i>	c. LENGTH OF STAY (In this place) <i>7 yrs</i>	c. CITY OR TOWN <i>Ewing</i>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <i>0560</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>GEORGE</i> b. (Middle) <i>W.</i> c. (Last) <i>RICE</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Sept 24 1954</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <i>Widowed</i>	8. DATE OF BIRTH <i>Mar. 24, 1857</i>	9. AGE (In years last birthday) <i>97</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>General</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Jefferson City, Mo</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>William Rice</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>70</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Paul Campbell</i> ADDRESS <i>Ewing, Mo.</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral vascular accident</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hemiplegy, Frontal lobe</i> 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	19b. MAJOR FINDINGS OF OPERATION <i>231X</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 *Dec 1952*, to *Sept 1954*, that I last saw the deceased alive on *2 Sept 1954*, and that death occurred at *10 a. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John W. Will DO</i>	23b. ADDRESS <i>Lewis, Mo.</i>	23c. DATE SIGNED <i>10/24/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Sept. 26-34</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Hill</i>	24d. LOCATION (City, town, or county) (State) <i>Warrensburg, Mo.</i>
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DATE REC'D BY LOCAL REG. <i>9-28-54</i>	REGISTRAR'S SIGNATURE <i>P. W. Jennings, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Thomas Ball</i> ADDRESS <i>Ewing, Mo.</i>
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E.L. (Licensed Embalmer's Statement on Reverse Side)

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

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..... *Thomas Ball*

Licensed Embalmer No. *174*

P. O. Address... *Ewing*

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.