

FILED FEB 14 1955

STANDARD CERTIFICATE OF DEATH

State File No. **899**

BIRTH NO. 35881-54 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 140

1. PLACE OF DEATH a. COUNTY <u>Greene</u> <u>3</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. CITY OR TOWN <u>Springfield</u>	d. 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 <u>Ozark Osteopathic Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>707 N. Jefferson Avenue</u> <u>0376</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ANGELA</u>	b. (Middle) <u>GALE</u>	c. (Last) <u>RICE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>February 11, 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, NEVER MARRIED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>31 May 1954</u>	9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 1 YEAR IF UNDER 1 HR. <u>0</u> <u>8</u> <u>10</u> <u>0</u> <u>10</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Springfield, Missouri</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Daniel Rice</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Melton</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>None</u>	16. SOCIAL SECURITY NO. <u>----</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Melton, 707 N. Jefferson Avenue, Springfield, Missouri.</u>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown</u>		
ANTECEDENT CAUSES		DUE TO (b) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT (Specify) <u>SUICIDE</u> <u>HOMICIDE</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>7955</u>
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 18 to 19, that I last saw the deceased alive on 19, and that death occurred at 10:00A m., from the causes and on the date stated above.

23. SIGNATURE <u>Edith Williamson</u>	Local Registrar (Degree or Title) <u>Vital Statistics House, Springfield, Missouri</u>	23b. ADDRESS <u>Greene County Court</u>	23c. DATE SIGNED <u>2-12-55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>13 Feb. 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Spokane Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Christian County, Missouri</u>
DATE REC'D BY LOCAL REG. <u>2-12-55</u>	REGISTRAR'S SIGNATURE <u>Edith Williamson</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Phil C. Phineas, Springfield, Miss.</u>	

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

UNATTENDED BY PHYSICIAN

APR 2 1955

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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, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Ralph H. Thieme*.....

Licensed Embalmer No..... 3681  
Springfield, Missouri  
P. O. Address .....

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.