

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40131

FILED JAN 3 - 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 109 PRIMARY REG. DIST. NO. 4180 Registrar's No. 80

1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Campbell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Campbell</u>	
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>515 North Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 515 N. Main Street</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>DORA</u>	b. (Middle) <u>BIDLER</u>	c. (Last) <u>RICE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 21 1955</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>August 27 1871</u>	9. AGE (In years last birthday) <u>84</u>	# UNDER 1 YEAR Months <u>3</u> Days <u>24</u>	# UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Grand Chain, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Edward Bidler</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Ned N. Rice</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>499-22-5034</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Alma White</u>	ADDRESS <u>515 N. Main Campbell, Mo</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rupture Aneurysm Aortic Arch</u>		INTERVAL BETWEEN ONSET AND DEATH <u>? Years</u> <u>15 yrs T</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving DUE TO (b) <u>General Arteriosclerosis</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>H5IX</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertensive Cardio-Vascular Disease</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 15th 1948, to 12/10, 1955, that I last saw the deceased alive on 12/10, 1955, and that death occurred at 6:00A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wallace Selsey MD</u>	23b. ADDRESS <u>Campbell Mo.</u>	23c. DATE SIGNED <u>12/23/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 23 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Campbell, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-24-1955</u>	REGISTRAR'S SIGNATURE <u>Mrs. Beulah Campbell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Landess Funeral Home</u>	ADDRESS <u>Campbell, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DORSET COUNTY HEA
DEPARTMENT 12-27-
COUNTY FILE NUMBER 125

JAN 20 1986

NOV 19 6 1 AM '82

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 Christina M. Lendesa

Licensed Embalmer No. 4227

P. O. Address Campbell 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.