

FILED MAY 7 1956

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

12972

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>393-A</u>					
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Springfield Mo</u>		c. LENGTH OF STAY (in this place) <u>1</u> yrs		c. CITY OR TOWN <u>Springfield Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ruffin Rest Home</u>				STREET ADDRESS (If rural, give location) <u>519 Cherry St</u>				<u>03960</u>			
3. NAME OF DECEASED (Type or Print) <u>Elizabeth</u>			a. (First)		b. (Middle)		c. (Last) <u>Rice</u>				
4. DATE OF DEATH (Month) (Day) (Year) <u>April 21 1956</u>			5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>				
8. DATE OF BIRTH <u>Oct. 14 1868</u>			9. AGE (In years last birthday) <u>87</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>7</u>		IF 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>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>House work</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ILL</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>David A Given</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Jackson</u>			14. NAME OF HUSBAND OR WIFE <u>Wm H. Rice</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>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Virginia Burns</u>				ADDRESS <u>1149 E St Louis St</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, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTEROSCLEROSIS, 6 GENERAL</u>				INTERVAL BETWEEN ONSET AND DEATH <u>SEVERAL YEARS.</u>			
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 <u>4500</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>5-27-53</u> , 19 <u> </u> , to <u>4-21</u> , 1956, that I last saw the deceased alive on <u>4/20/56</u> , 19 <u> </u> , and that death occurred at <u>3:25a</u> m., from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>Blenn O T ... M.D.</u>					23b. ADDRESS <u>Springfield, Mo.</u>			23c. DATE SIGNED <u>4/23/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-23-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lake</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar Mo</u>					
DATE REC'D BY LOCAL REG. <u>4-30-56</u>			REGISTRAR'S SIGNATURE <u>Walter Williamson</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>				ADDRESS <u>Greenfield Mo.</u>	

(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 *W. R. Allison*.....

Licensed Embalmer No. *47*.....

P. O. Address *Greenville*.....

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.