

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

State File No. **34515**

**FILED OCT 22 1956**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 204

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. CITY OR TOWN <u>Jasper</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 months</u>		e. STREET ADDRESS (If rural, give location) <u>South Main Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>525 Walnut</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Virgil</u>		b. (Middle) <u>Jasper</u> c. (Last) <u>Rice</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 2, 1956</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 25, 1892</u>
9. AGE (In years last birthday) <u>64</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>Well Driller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Water Wells</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Jasper Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Sebrassa Goad</u>	14. NAME OF HUSBAND OR WIFE <u>Mayme Sidwell</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>WW I</u>		16. SOCIAL SECURITY NO. <u>WW I</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Virginia Coffman, Carthage, Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 or 3 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Recent cerebrovascular accident</u> <u>8 days</u>	
DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS <u>Severe cerebral hemorrhage with complete left hemiplegia.</u> <u>5/1/55</u>			
Conditions contributing to the death but not related to the disease or condition causing death. <u>Recurrent mild cerebral hemorrhage</u> <u>4/7/56</u>			
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>331x</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>5/20</u> , 19 <u>46</u> , to <u>10/2</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>10/2</u> , 1956, and that death occurred at <u>7:15 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>C. H. Isbell</u> (Degree or title) <u>M. D.</u>		23b. ADDRESS <u>Carthage, Missouri</u>	23c. DATE SIGNED <u>10/9/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 4, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>
DATE REC'D BY LOCAL REG. <u>10-9-56</u>	REGISTRAR'S SIGNATURE <u>E. H. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Martin Selvey</u> ADDRESS <u>Jasper, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

139

Jasper County Health Officer  
County File Number 56-10-809  
Date Filed OCT 19 1956

REC. & INDEX

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 *Jawson T. Sharp*.....

Licensed Embalmer No. 492

P. O. Address *Jasper, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.