

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 31 1956

STATE FILE NUMBER **41693**  
**5222**

7831 ABBEY<sup>56</sup> Registration District No. **149** Primary Registration District No. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City North</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City North, Rural</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Osteopathic Hospital</b> Length of stay <b>2 1/2 MO.</b>		d. STREET ADDRESS <b>618 E. 65th Terr.</b> (If outside, give location) Rural <input checked="" type="checkbox"/> Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>EUNICE</b> Middle <b>JEAN</b> Last <b>RICE</b>			4. DATE OF DEATH <b>DEC. 1st, 1956</b> Month <b>DEC.</b> Day <b>1st</b> Year <b>1956</b>		
5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>July 6, 1956</b>	9. AGE (In years last birthday) <b>1 1/2</b> IF UNDER 1 YEAR: Months <b>1</b> Days <b>25</b> IF UNDER 24 HRS.: Hours <b>1</b> Min. <b>25</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>infant</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>-----</b>		11. BIRTHPLACE (City and state or country) <b>Kansas City, Missouri</b>	
10c. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>George L. Rice</b>		14. MOTHER'S MAIDEN NAME <b>Ida Mae Simms</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>George L. Rice-618 E. 65th Terr, K.C. North</b> Address	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Bronchial Pneumonia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>48 hrs.</b>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Uremia</b>			DUE TO (c) <b>Lipoid Nephrosis (n.m.a.)</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>Bilateral Hydro-nephrosis</b>			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>Birth</b> to <b>12-2-56</b> and last saw her <b>him</b> alive on <b>12-2-56</b> Death occurred at <b>12:05 P.M.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>W. F. Spiller M.D.</b>			22b. ADDRESS <b>6614 Montgall</b>		22c. DATE SIGNED <b>12-7-56</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>12/2/56</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lexington, Missouri</b>		23d. LOCATION (City, town, or county) (State) <b>Lexington, Missouri</b>
24. FUNERAL DIRECTOR <b>TEMPER FUNERAL HOME</b> ADDRESS <b>Lexington, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>12-2-56</b>		26. REGISTRAR'S SIGNATURE <b>Neva Minshall</b>	

(Licensed Embalmer's Statement on Reverse Side)

Ith, Alfare, lic vice  
 00 56  
 diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 W. F. Spiller  
 MEDICAL CERTIFICATION

Dec 3-5-58  
2007  
83951

W. L. H. H. H.

**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 *William M. Turner*

Licensed Embalmer No. *46*

*2076 Linwood*  
P. O. Address  
*Kansas City, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.