

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27196**

FILED JUL 16 1957

BIRTH NO. _____		REG. DIST. NO. <u>238</u>		PRIMARY REG. DIST. NO. <u>6154</u>		Registrar's No. <u>26</u>	
1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield</u>		c. LENGTH OF STAY (in this place) <u>days</u>		c. CITY OR TOWN <u>Essex,</u>		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TATE NURSING HOME</u>				e. STREET ADDRESS (If rural, give location) <u>Route # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAWRENCE</u>			b. (Middle) <u>THOMAS</u>		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 1, 1957</u>
5. SEX <input checked="" type="radio"/> Male	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>July 27, 1898</u>		9. AGE (In years last birthday) <u>58</u>	If UNDER 1 YEAR Months <u>11</u> Days <u>4</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>Feeble Minded</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-----</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>West Plains, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>David Rice</u>			13b. MOTHER'S MAIDEN NAME <u>Eliza Hines</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>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Loren Rice, Essex, Mo. Route # 2</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, ashenia, etc. It means the disease, injury, or complication which caused death.		- MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Collapse</u>  ANTECEDENT CAUSES DUE TO (b) <u>Malnutrition &amp; Starvation</u> DUE TO (c) <u>Carcinoma of Stomach &amp; Liver</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  <u>151X</u>					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <u>2</u> 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)		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>May 7, 1957</u> , to <u>July 1, 1957</u> , that I last saw the deceased alive on <u>July 1, 1957</u> , and that death occurred at: <u>20 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George L. Baker D.O. RFAI</u>				23b. ADDRESS <u>Essex, Mo</u>		23c. DATE SIGNED <u>7/7/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 3, 57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bluff cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard co. Missouri</u>		
DATE REC'D BY LOCAL REG. <u>July 12-1957</u>		REGISTRAR'S SIGNATURE <u>George L. Baker</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>CHILES UND.CO., BLOOMFIELD, MO.</u>			

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

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(Licensed Embalmer's Statement on Reverse Side)

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, & by Lulu Cooper # 3499 ~~Student Embalmer No. ....~~  
~~working under my personal supervision.~~

Student.....  
Signature of Student Embalmer

Signed.....  
*Ivan B. Cooper*

Licensed Embalmer No. 4119

P. O. Address Bloomfield, I

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.