S. No. 300
V. 10.48

FILED OCT 29 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34797

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5109 Registrar's No. 58

1. PLACE OF DEATH
a. COUNTY: BOLLINGER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL - CROOKED CREEK
c. LENGTH OF STAY (In this place): 12 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): NEAR LUTESVILLE, MO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: BOLLINGER
c. CITY OR TOWN: RURAL
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): NEAR LUTESVILLE

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIETT
b. (Middle): BELLE
c. (Last): RICE

4. DATE OF DEATH (Month) (Day) (Year): 10-20-1957

5. SEX: F.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 9-20-1879
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 1, Days 0 — IF UNDER 24 HRS.: Hours 10 AM, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HWF.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): OHIO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JACK SARGENT
13b. MOTHER'S MAIDEN NAME: MARTHA ROACH
14. NAME OF HUSBAND OR WIFE: WILLIAM RICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): ✓
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: WILLIAM RICE — ADDRESS: LUTESVILLE R2

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): Shock.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Occlusion.
DUE TO (c): Arteriosclerosis
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility + Blind

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/2, 1957, *to* 10/12, 1957, *that I last saw the deceased alive on* 10/20, 1957, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John J. Myers DO
23b. ADDRESS: Lutesville Mo
23c. DATE SIGNED: 10/21/57

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 10-23-57
24c. NAME OF CEMETERY OR CREMATORY: BAKER CEM.
24d. LOCATION (City, town, or county) (State): LUTESVILLE MO.

DATE REC'D BY LOCAL REG.: 10/22/57
REGISTRAR'S SIGNATURE: Mrs Buford Crader
25. FUNERAL DIRECTOR'S SIGNATURE — **ADDRESS**: BAKER FUNERAL HOME LUTESVILLE, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

520
0

OCT 30 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. E. Graham

Licensed Embalmer No. 4010

P. O. Address Lutesville, M

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