

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36326
STATE FILE NUMBER

FILED NOV 8 1957

Registration District No. 150 Primary Registration District No. 4240 Registrar's No. 192

S. 300
v. 1-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Blue Springs Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Blue Springs Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Holliger & BOARDING HOME INSTITUTION		d. STREET ADDRESS (If outside, give location) ROUTE #1 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last Sidney Rice			4. DATE OF DEATH Month Day Year Oct. 20, 1957		
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH NOV. 17, 1902		9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 55

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CLERK		10b. KIND OF BUSINESS OR INDUSTRY GROCCERY		11. BIRTHPLACE (City and state or country) OMAHA, NEBRASKA		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Alber F. Rice			13b. MOTHER'S MAIDEN NAME Gertrude Summers			14. NAME OF HUSBAND OR WIFE BERTHA UNKNOWN	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 496-01-9147		17. INFORMANT MRS. J. W. BAKER		Address 3227 DAKLEY AVENUE KANSA CITY, MISSOURI	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac & Respiratory Arrest			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral Hemorrhage			
DUE TO (c) Senility & Hypertension			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 331X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.							

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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	
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21. I attended the deceased from **Oct 10 1957** to **Oct 20, 1957** and last saw him alive on **Oct 20, 1957**
Death occurred at **Oct 21, 1957 6:30 A.M.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James A. Via, DO		(Degree or title)		22b. ADDRESS Blue Springs, Mo		22c. DATE SIGNED 10-21-57	
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23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE Oct. 22, 1957		23c. NAME OF CEMETERY, OR CREMATORY MEMORIAL PARK		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
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24. FUNERAL DIRECTOR D.W. Newcomer & Sons		ADDRESS 1831 Brush Creek A.C., MO.		25. DATE RECD. BY LOCAL REG. 10-21-1957		26. REGISTRAR'S SIGNATURE N.B. Langford	
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(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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For a Summary of

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 *Chester K Brown*

Licensed Embalmer No. *4931*

P. O. Address *K C 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.