

pt. Health,
, & Welfare
S. Public
alth Service

V. S. 300
ev. 1-57

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.

FILED DEC 2 - 1957

STANDARD CERTIFICATE OF DEATH

41596

STATE FILE NUMBER

Registration District No. 301 Primary Registration District No. 4400 Registrar's No. 2410

1. PLACE OF DEATH a. COUNTY <u>Ripley.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri.</u> b. COUNTY <u>Ripley.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Doriphan.</u>		c. CITY OR TOWN <u>Doriphan, Route 2, 09102</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Community Hospital.</u>		d. STREET ADDRESS (If outside, give location) <u>15 Mi. N. of Doriphan, Missouri.</u>	
Length of stay in 1b <u>2 days.</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Charles</u> Middle <u>Francis</u> Last <u>Rice.</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>11.</u> Year <u>1957.</u>		
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5. SEX <u>Male.</u>	6. COLOR OR RACE <u>White.</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>April 15, 1932.</u>	9. AGE (In years lost birthday) <u>26.</u>	10. UNDER 1 YEAR Months <u>6</u> Days <u>26</u>	11. IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Agriculture.</u>	11. BIRTHPLACE (City and state or country) <u>Raymore, Missouri.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harold Rice.</u>	13b. MOTHER'S MAIDEN NAME <u>Verna Smith.</u>	14. NAME OF HUSBAND OR WIFE <u>Never married.</u>
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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 <u>Harold Rice, Carl Junction, Mo.</u>	Address <u>P. O. #1.</u>
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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) <u>Basal Skull fracture.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>40 hours.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Tree fell on head.</u>	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>E9101</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <u>Tree hit top of skull. 3</u>
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ p.m. <u>Nov. 9, 1957.</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm.</u>	20f. CITY, TOWN, OR LOCATION <u>16 mi. north of Ripley</u>	COUNTY <u>091</u> STATE <u>Mo</u>
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21. I attended the deceased from <u>January 50</u> to <u>Nov 11, 1957</u> and last saw him alive on <u>November 11, 1957</u> Death occurred at <u>7:00 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank Johnson, M.D.</u>	(Degree or title)	22b. ADDRESS <u>Doriphan, Mo.</u>	22c. DATE SIGNED <u>11/14/57</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial.</u>	23b. DATE <u>Nov. 14, 1957.</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove Cemetery.</u>	23d. LOCATION (City, town, or county) (State) <u>Ripley County, Missouri.</u>
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24. FUNERAL DIRECTOR <u>Ray Means, Doriphan, Missouri</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>11-19-1957</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

2-77

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 Ray Means

Licensed Embalmer No. 3743

P. O. Address Doniphan

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.