

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44093
STATE FILE NUMBER

FILED DEC 30 1957

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1235

S. 300
v. 1-57

0

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

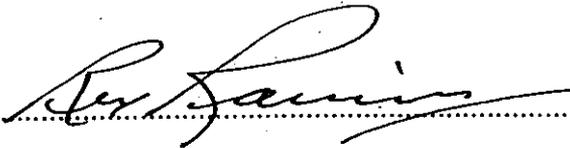
1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield 0396	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Spgfld. Bap. Hosp.		Length of stay in 1b (3) years	
d. STREET ADDRESS 2342 Travis.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First George Middle B. Last Rice		4. DATE OF DEATH Month Dec. Day 26, Year 1957	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21, 1888
9. AGE (In years and months) 69 (first birthday)		IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours 1 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Act - FRISCO R. R.		10b. KIND OF BUSINESS OR INDUSTRY (Employer) Boilermaker Webster Co., Mo	11. BIRTHPLACE (City and state or country) Mo
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Calvin Rice	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE ---	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I		16. SOCIAL SECURITY NO. 497-24-0752	
17. INFORMANT George H. Rice, (son) Springfield, Mo.		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) Posters - septal myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 6 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Infarction of hypophalamus due to thrombosis		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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	
21. I attended the deceased from 20 Dec. 57 to 26 Dec 1957 and last saw her live on 26 Dec. 1957 Death occurred at 1:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Deceased or title) Francis M. Maple MD	
22b. ADDRESS Springfield Mo.		22c. DATE SIGNED 27 Dec 57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/28/57	23c. NAME OF CEMETERY OR CREMATOR HARBOL	23d. LOCATION (City, town, or county) (State) LACLEDE Co. Mo
24. FUNERAL DIRECTOR (Name and Address) Springfield, Mo.		25. DATE RECD. BY LOCAL REG. 12-29-57	26. REGISTRAR'S SIGNATURE John Williams

JAN 8 1958

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 

Licensed Embalmer No. 3312

P. O. Address Springfield, 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.