

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-010146
STATE FILE NUMBER

FILED MAR 31 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1256

300
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 Vernon		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN IRWIN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL		Length of stay in lb 28 days	d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CLARENCE EDWARD RICE			4. DATE OF DEATH Month Day Year MARCH 7 1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 1, 1915		9. AGE (In years less birthday) 42
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Attendant		10b. KIND OF BUSINESS OR INDUSTRY Construction Garage		11. BIRTHPLACE (City and state or country) PAYETTE, IDAHO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME ROY B. RICE		
13b. MOTHER'S MAIDEN NAME SOPHIA BURGGRAF			14. NAME OF HUSBAND OR WIFE IMOGENE RICE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) Yes		16. SOCIAL SECURITY NO. 12-22-42 to 5-22-45 5548-07-3691		17. INFORMANT Address Official Records, VA HOSPITAL K.C. MO.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute bronchopneumonia, right upper lobe, advanced					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) abdominal metastases					151x
DUE TO (c) Carcinoma of the stomach with widespread					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 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. VA attended the deceased from Feb. 6, 1958 to March 7, 1958 Death occurred at 4:55A m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Robert Thine (Degree or title) 0			22b. ADDRESS M.D. VA HOSPITAL, K.C. MO.		22c. DATE SIGNED 3-7-58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE March 7, 1958	23c. NAME OF CEMETERY OR GREMATORY LAKE CEMETERY		23d. LOCATION (City, town, or county) (State) LANAMA, KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR ADDRESS D.W. NEWCOMER'S SONS 1331 BRUSH CREEK KANSAS CITY MO.			25. DATE RECD. BY LOCAL REG. 3-8-58	26. REGISTRAR'S SIGNATURE new Marshall	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Robert Plinner



JAN 26 1959

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 *Harold B. Chternack*

Licensed Embalmer No. *3035*
P. O. Address *L. C. 910*

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.