

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020902

STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 301

1. PLACE OF DEATH. a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Columbia Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN Ashland Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital Length of stay in 1b 9 Days		d. STREET ADDRESS 30 East Broadway (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) Celsus Dulin Rice	4. DATE OF DEATH July 8 1958
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5. SEX Male	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 July 7 1868	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Boone County Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME John J. Rice	14. MOTHER'S MAIDEN NAME Isabelle Nichols
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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) No	16. SOCIAL SECURITY NO. 488-38-0293	17. INFORMANT Howard Rice Ashland, Missouri Address
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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) Cerebral arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	334X
	DUE TO (c) _____	
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 type="checkbox"/> NO <input checked="" type="checkbox"/> 2

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.)
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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 Columbia Mo COUNTY Boone STATE Missouri
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21. I attended the deceased from 30 June to 8 July 58 and last saw him alive on 8 July 58 Death occurred at 1:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) K P Ladecson MD	22b. ADDRESS Columbia Mo	22c. DATE SIGNED 10 July 58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE July 10 1958	23c. NAME OF CEMETERY OR CREMATORY New Salem Cemetery	23d. LOCATION (City, town, or county) Ashland, Missouri. (State)
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24. FUNERAL DIRECTOR W. M. Burnett Ashland Mo ADDRESS	25. DATE RECD. BY LOCAL REG. July 10 1958	26. REGISTRAR'S SIGNATURE Mrs R E. Palmer
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Health, Welfare, Public Service
000-56
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes. Rector, Cholera, etc. must be only stated if noncommunicable in them. No symptoms will be listed. R

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 *W^m L. Burnett*.....

Licensed Embalmer No. *25*.....

P. O. Address *Ashtland*.....

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