

Dr. H. Silsby

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-021617

STATE FILE NUMBER

FILED JUN 16 1958 Registration District No. 128 Primary Registration District No. 200 Registrar's No. 597

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE MISSOURI b. COUNTY GREENE)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN SPRINGFIELD 0396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1235 E. ELM Length of stay in 1b 60 YRS.		d. STREET ADDRESS (If outside, give location) 1235 E. ELM Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED First Middle Last MACO RICE			4. DATE OF DEATH Month Day Year JUNE 8 1958		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 5 1884		
9. AGE (In years last birthday) 74		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME	11. BIRTHPLACE (City and state or country) CHICAGO. ILL.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME THOMAS P. SHADBURN	13b. MOTHER'S MAIDEN NAME MAUDE SHERWOOD		
14. NAME OF HUSBAND OR WIFE JOHN L. RICE (DEC.)		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. NO		
17. INFORMANT Address MRS. VIRGINIA MOORE SPRINGFIELD, 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) Stroke Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cerebral arteriosclerotic Vascular disease DUE TO (c) 334X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Suffered stroke & hemiplegia in 1951		INTERVAL BETWEEN ONSET AND DEATH 30 minutes 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Feb 2 1952 to June 8 '58 and last saw her alive on Apr. 8 '58 Death occurred at 8:15 P.M. m on the date stated above; and to the best of my knowledge from the causes stated.					
22a. SIGNATURE (Degree or title) H. H. Silsby M.D.		22b. ADDRESS 609 Cherry St.			
22c. DATE SIGNED June 9 '58		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL			
23b. DATE 6/11/58		23c. NAME OF CEMETERY OR CREMATORY MAPLE PARK			
23d. LOCATION (City, town, or county) (State) SPRINGFIELD, MO.		24. FUNERAL DIRECTOR ADDRESS H. H. LOHMEYER SPRINGFIELD, MO.			
25. DATE RECD. BY LOCAL REG. 6-9-58		26. REGISTRAR'S SIGNATURE Effie G. Melton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

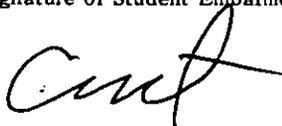
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer



Signed 

Licensed Embalmer No. 2727
P. O. Address Springfield

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.