

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022734
State File No.

FILED JUN 30 1958

BIRTH NO. _____		REG. DIST. NO. <u>255</u>		PRIMARY REG. DIST. NO. <u>6878</u>		Registrar's No. <u>31</u>	
1. PLACE OF DEATH a. COUNTY <u>OREGON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>OREGON</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>ALTON-RURAL</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>ALTON-RURAL</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS <u>0150</u> (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u>		b. (Middle) _____		c. (Last) <u>RICE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>7</u> <u>1958</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>4/4/1883</u>		9. AGE (In years last birthday) <u>75</u> If under 1 year: Months <u>1</u> Days <u>23</u> If under 24 hrs. Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>OREGON COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>E. J. CATES</u>		13b. MOTHER'S MAIDEN NAME <u>LIZZIE CATES</u>		14. NAME OF HUSBAND OR WIFE <u>GEO. RICE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>GEORGE RICE</u>		ADDRESS <u>ALTON, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bilateral Bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Brain Syndrome - Mental Deficiency</u> DUE TO (c) <u>Cerebral Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 weeks</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>334X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>May</u> , 19 <u>58</u> , to <u>June</u> , 19 <u>58</u> , that I last saw the deceased alive on <u>6-1</u> , 19 <u>58</u> , and that death occurred at <u>5:30</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Wm E. Lytle</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Manumth Spring, Missouri</u>		23c. DATE SIGNED <u>6-18-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6/10/1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BAILEY CEMETARY</u>		24d. LOCATION (City, town, or county) (State) <u>OREGON COUNTY MO.</u>	
DATE REC'D BY LOCAL REG. <u>6/21-58</u>		REGISTRAR'S SIGNATURE <u>Wm W C Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John D. Phary Alton Mo</u> ADDRESS _____			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed John D. Clary
Licensed Embalmer No. 4475

P. O. Address Box 398, Alton 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 this body is not embalmed, fact should be so stated above.