

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-029614  
STATE FILE NUMBER

FILED SEP 4 1958 Registration District No. 187 Primary Registration District No. 3040 Registrar's No. 209

S. 300  
1-57  
592  
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1. PLACE OF DEATH a. COUNTY <b>Livingston</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Livingston</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Chillicothe</b>		c. CITY OR TOWN <b>Chillicothe</b>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Chillicothe Hosp.</b>		d. STREET ADDRESS (If outside, give location) <b>1020 First St</b>	
Length of stay in lb <b>31yrs</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>ELMER</b> Middle <b>EDWIN</b> Last <b>RICE</b>			4. DATE OF DEATH Month <b>Aug</b> Day <b>26</b> Year <b>1958</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 27, 1891</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months <b>1</b> Days <b>1</b>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Paving Foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Constructing Co. Brookings, S.D.</b>	11. BIRTHPLACE (City and state or country) <b>USA</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Andrew Rice</b>	13b. MOTHER'S MAIDEN NAME <b>Jennie Stein</b>	14. NAME OF HUSBAND OR WIFE <b>Edna Rice</b>
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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) <b>Yes WWI</b>	16. SOCIAL SECURITY NO. <b>490-10-4250</b>	17. INFORMANT <b>Mrs. Edna Rice, Chillicothe Mo</b>
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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) <b>Cerebral hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>
DUE TO (b) <b>arteriosclerosis</b>		
DUE TO (c) <b>331 X</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Diabetes mellitus</b>		

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 <b>5:45</b> a.m.	Month <b>Aug</b> Day <b>23</b> Year <b>1958</b>

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 <b>Chillicothe Missouri</b>
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21. I attended the deceased from **Aug 23/1958** to **Aug 26/1958** and last saw him **live on Aug 25/1958**  
Death occurred at **5:45 am** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Deceased or title) <b>W. W. Aspartus M.D.</b>	22b. ADDRESS <b>Chillicothe Mo</b>	22c. DATE SIGNED <b>Aug 27/1958</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug 28, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Resthaven</b>	23d. LOCATION (City, town, or county) (State) <b>Chillicothe Missouri</b>
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24. FUNERAL DIRECTOR <b>Donald Gordon; Chillicothe Mo</b>	25. DATE RECD. BY LOCAL REG. <b>Aug - 27 - 58</b>	26. REGISTRAR'S SIGNATURE <b>Frances B New</b>
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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

SEP 10 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 *Donald Gordon* .....

Licensed Embalmer No. *4191* .....  
P. O. Address *Quincy, Ill.* .....

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.