

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036842
STATE FILE NUMBER

OCT 24 1958 Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 188

S. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>Lasher</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lasher</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage, Missouri</u>		c. CITY OR TOWN <u>Lasher, Missouri</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Marietta's Rest</u>		d. STREET ADDRESS <u>No Add -- Lasher</u>	
3. NAME OF DECEASED (Type or print) First <u>Wilson</u> Middle <u>Sam</u> Last <u>Rice</u>		4. DATE OF DEATH Month <u>10</u> Day <u>7</u> Year <u>1958</u>	
5. SEX <u>♂</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 21, 1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Genl. Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Bethony, Missouri</u>
13a. FATHER'S NAME <u>Sam Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Bobbett</u>	14. NAME OF HUSBAND OR WIFE <u>Flora Etta Williams</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Frank S. Rice</u> Address <u>Lasher Rd. 2</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Senility</u>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 <u>4200</u>	COUNTY _____ STATE _____
21. I attended the deceased from <u>10-1-58</u> to <u>10-7-58</u> and last saw her alive on <u>10-1-58</u> Death occurred at <u>8:42 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Grover J. Peterson M. D.</u> (Degree or title)		22b. ADDRESS <u>Carthage, Missouri</u>	22c. DATE SIGNED <u>10-9-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>10-10-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Diamond</u>	23d. LOCATION (City, town, or county) (State) <u>Diamond, Missouri</u>
24. FUNERAL DIRECTOR <u>Ulmer Funeral Home</u> ADDRESS <u>Carthage, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>10-10-58</u>	26. REGISTRAR'S SIGNATURE <u>Elly Hunter</u>

(Licensed Embalmer's Statement on Reverse Side)

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

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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 Harold Futrell, Student Embalmer No. 571 working under my personal supervision.

Student Harold Futrell
Signature of Student Embalmer

Signed Edwin E. King

Licensed Embalmer No. 1935

P. O. Address Bartholomew

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.