

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-040159

STATE FILE NUMBER  
5283

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3957 MERCIER		d. STREET ADDRESS (If outside, give location) 3957 MERCIER	

3. NAME OF DECEASED (Type or print) First Middle Last EMMA ALMA RICE			4. DATE OF DEATH Month Day Year Nov 7 - 1958			
5. SEX FEMALE	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 1 - 1881		9. AGE (In years last birthday) 77 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY Palace Clothing Co		11. BIRTHPLACE (City and state or country) Clinton Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Thomas Rice		13b. MOTHER'S MAIDEN NAME Susan Chilton		14. NAME OF HUSBAND OR WIFE Never married			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes; No; unknown) (If yes, give date of service) None		16. SOCIAL SECURITY NO. 486-05-3919		17. INFORMANT William H. Calhoun		Address K.C. Mo 3957 Mercier	

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 thrombosis.			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Hypertensive & Arteriosclerotic heart disease		
	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"/>

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.) 4434			
20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE	
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21. I attended the deceased from 1938 to Nov 7, 1958 and last saw her alive on Oct. 21, 1958  
Death occurred at 3:30 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Gustav Eismann		(Degree or title) MD		22b. ADDRESS 751 E 63rd Street		22c. DATE SIGNED 11/7/58	
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23a. BURIAL / CREMATION Burial		23b. DATE Nov-10-1958		23c. NAME OF CEMETERY OR CREMATORY Forest Hill		23d. LOCATION (City, town, or county) Kansas City Missouri	
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24. FUNERAL DIRECTOR Gates Funeral Home		ADDRESS Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 11-7-58		26. REGISTRAR'S SIGNATURE Irene Minshall	
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

Gustave Eismann USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

300  
1-57

FILED NOV 24 1958



Williamson 701 E. 63rd.

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 *Paul R. Williamson*.....

Licensed Embalmer No. *5009*.....  
P. O. Address. *Overland Park, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.