

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013713

LEO APR 28 1959 Registration District No. 146 Primary Registration District No. 5568 STATE FILE NO. 218-5-1 Registrar's No.

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2205 STARK		Length of stay in lb 7 yrs.	d. STREET ADDRESS (If outside, give location) 2205 STARK Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First MARY Middle S. Last Rice			4. DATE OF DEATH Month 4 Day 21 Year 59		
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5. SEX F	6. COLOR OR RACE W.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov-20, 1869	9. AGE (In years last birthday) 89	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (City and state or country) King City MO.	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Thomas J Ferguson	13b. MOTHER'S MAIDEN NAME Nancy J. Henry	14. NAME OF HUSBAND OR WIFE Joseph Grant Rice
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address MR. Claude Rice of Home
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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) Arteriosclerosis, Generalized		INTERVAL BETWEEN ONSET AND DEATH 20 years.
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)		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.) 4500
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20c. TIME OF INJURY Hour _____ a.m. _____ 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 4500	COUNTY _____ STATE _____
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21. I attended the deceased from April 16, 1959 to _____ and last saw her alive on April 16, 1959 Death occurred at 6:10 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) Bradley E. Brown M.D.	22b. ADDRESS 3939 Prospect K.C. Mo.	22c. DATE SIGNED 21 April 59
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23a. BURIAL, CREMATION, REPOVAL (Specify) BURIAL	23b. DATE 4-23-59	23c. NAME OF CEMETERY OR CREMATORY Berlin Cem.	23d. LOCATION (City, town, or county) (State) Berlin MO.
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24. FUNERAL DIRECTOR ADDRESS D. W. Newcomer Sms. N.K.P. Mo.	25. DATE RECD. BY LOCAL REG. 4-22-59	26. REGISTRAR'S SIGNATURE [Signature]
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Bradley E. Brown USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

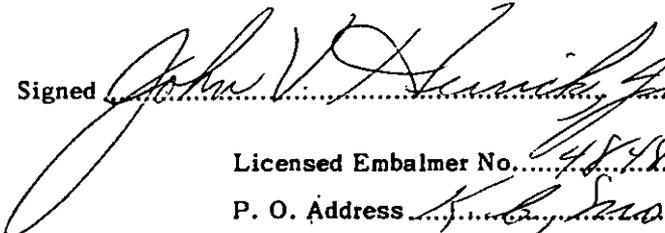
MEDICAL CERTIFICATION

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 was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed 
Licensed Embalmer No. 4548
P. O. Address K. B. Smith

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.