

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032180

FILED VS OCT 7 1959 144

Primary Registration District No. 4234 Registrar's No. 95

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Iron				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Iron											
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ironton		Length of stay in 1b 21 da.		c. CITY OR TOWN Ironton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>									
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 501 West Russell		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>								
3. NAME OF DECEASED (Type or print) NOEL WASHINGTON RICE				4. DATE OF DEATH Month Sept. Day 27 Year 1959											
5. SEX male		6. COLOR OR RACE white		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Mar. 15 1916		9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) owner telephone company				10b. KIND OF BUSINESS OR INDUSTRY Alton Missouri				11. BIRTHPLACE (City and state or country) USA				12. CITIZEN OF WHAT COUNTRY USA			
13a. FATHER'S NAME Arthur Rice				13b. MOTHER'S MAIDEN NAME Vada Livingston				14. NAME OF HUSBAND OR WIFE Gladys Rice							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. 488-05-3626				17. INFORMANT Gladys Rice, Ironton Mo				Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocarditis DUE TO (b) Pulmonary embolism DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 5 700 5 700					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 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				COUNTY		STATE			
21. I attended the deceased from 1954 to 7-27-59 and last saw him alive on 9-27-59 Death occurred at 5:05 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <i>George H. Jones</i>				(Degree or title)				22b. ADDRESS <i>Ironton - Mo</i>				22c. DATE SIGNED <i>9-30-59</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 9-29-59		23c. NAME OF CEMETERY OR CREMATOR Arcadia Valley Memorial Park, Ironton Mo.				23d. LOCATION (City, town, or county)							
24. FUNERAL DIRECTOR White Funeral Home, Ironton Mo.				25. DATE RECD. BY LOCAL REG. 9-30-59				26. REGISTRAR'S SIGNATURE <i>Miss Anna Jones</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1959
OCT 14 1959

VS OCT 14 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arcely White

Licensed Embalmer No. 3012

P. O. Address Clinton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.