

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020998

STATE FILE NUMBER

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 567

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dallas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Length of stay in lb 12 days	c. CITY OR TOWN Louisburg
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Protestant		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Louisburg
		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Walter Middle E. Last Rice	4. DATE OF DEATH Month June Day 8 Year 1961
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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 Oct. 14, 1885	9. AGE (last birthday) 75	IF UNDER 1 YEAR Months 7 Days 24	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Dallas County, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME W.W. Rice	13b. MOTHER'S MAIDEN NAME Mary Ragsdale	14. NAME OF HUSBAND OR WIFE Gertrude Rice
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT Roy Rice Louisburg, Mo.
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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) Arterio-Sclerotic Heart Disease & Myocarditis		INTERVAL BETWEEN ONSET AND DEATH 5 yrs
DUE TO (b) Paralysis agitans (Parkinson Disease)		4 yrs.
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture, Intracapsular Neck of Left Femur	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Fell at Home, 5/28/61
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20c. TIME OF INJURY Hour 6:00 a.m. pm Month, Day, Year 5/28/61	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20e. CITY, TOWN, OR LOCATION Louisburg	COUNTY Dallas	STATE Mo.
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. CITY, TOWN, OR LOCATION Louisburg	COUNTY Dallas	STATE Mo.
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21. I attended the deceased from **5/28/61** to **6/8/61** and last saw him alive on **6/7/61**
Death occurred at **4 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE James D. Horton M.D.	(Degree or title)	22b. ADDRESS Springfield Mo.	22c. DATE SIGNED 6/10/61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 11, 1961	23c. NAME OF CEMETERY OR CREMATORY Louisburg	23d. LOCATION (City, town, or county) Louisburg, Mo.	(State)
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24. FUNERAL DIRECTOR Montgomery Funeral Home Buffalo, Mo	25. DATE RECD. BY LOCAL REG. 6-12-61	26. REGISTRAR'S SIGNATURE Effie S. Melton
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Lehyde Montgomery

Licensed Embalmer No. 3592

P. O. Address Buffalo, Missouri

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.