

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **62-032656**

Registration District No. **38** Primary Registration District No. **3006** Registrar's No. **605**

DO NOT WRITE ON THIS STUB

AMENDED

DATE AMENDED

VS 300 Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

**FILED OCT 29 1962**

**1. PLACE OF DEATH**  
 a. COUNTY **BOONE**  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Columbia** Length of stay in 1b **130 DAYS**  
 c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION **Univ of Mo Med Center** Inside Limits Yes  No

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
 a. STATE **MO** b. COUNTY **RANDOLPH**  
 c. CITY OR TOWN **MOBERLY** Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) **704 MONROE** Reside on Farm Yes  No

**3. NAME OF DECEASED** (Type or print) First Middle Last **LOLA MAE RICE**  
**4. DATE OF DEATH** Month Day Year **10 22 62**

**5. SEX** **F** **6. COLOR OR RACE** **CAUC.** **7. Married**  Never Married  Widowed  Divorced   
**8. DATE OF BIRTH** **9-30-33** **9. AGE (last birthday)** **29** **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HR** Hours Min.

**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) **Huntsville, Mo** **12. CITIZEN OF WHAT COUNTRY** **USA**

**13a. FATHER'S NAME** **FRANK BARGER** **13b. MOTHER'S MAIDEN NAME** **VERA TAYLOR** **14. NAME OF HUSBAND OR WIFE** **Jimmie Rice**

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) **UNKNOWN** **16. SOCIAL SECURITY NO.** **UNKNOWN** **17. INFORMANT** **HUSBAND Moberly, 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) **Perforated mitral valve** **Interval between onset and death** **4 1/2 months**  
 DUE TO (b) **Previous pulmonary bacterial endocarditis**  
 DUE TO (c) **Postoperative septicemia**  
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Patient was ? pre postoperative mitral valve prolapsy**  
 PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

**19. WAS AUTOPSY PERFORMED?** YES  NO  **20a. ACCIDENT**  **SUICIDE**  **HOMICIDE**  **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**  **NOT WHILE AT WORK**  **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** **Oct 20, 1962** to **Oct 23, 1962** and last saw her alive on **Oct 22, 1962**  
 Death occurred at **9:15 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) **William Hopkins M.D.** **22b. ADDRESS** **University of Missouri Med Center** **22c. DATE SIGNED** **10-23-62**

**23a. BURIAL, CREMATION, REMOVAL (Specify)** **Burial** **23b. DATE** **1962** **23c. NAME OF CEMETERY OR CREMATORY** **College mound** **23d. LOCATION** (City, town, or county) (State) **College mound Mo**

**24. FUNERAL DIRECTOR** **Tom B Patton** **ADDRESS** **Huntsville** **25. DATE RECD. BY LOCAL REG.** **Oct 23 1962** **26. REGISTRAR'S SIGNATURE** **Mrs. R E Palmer**

MO (Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

NOV 15 1962

**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 Tom B Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville

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.