

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 7772

Registrar's No. 12

BIRTH NO. _____		REG. DIST. NO. 75		PRIMARY REG. DIST. NO. 3015		State File No. 7772		Registrar's No. 12			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).							
a. COUNTY <u>Clinton</u>				a. STATE <u>Missouri</u>		b. COUNTY <u>Clinton</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>			c. LENGTH OF STAY (In this place) <u>lifetime</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cameron</u>			3		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 E 24th St</u>				d. STREET ADDRESS (If rural, give location) <u>421 E 24th St</u>							
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX			6. COLOR OR RACE		
(Type or Print) <u>Henry</u>			a. (First) <u>Eddie</u>			b. (Middle) <u>Rice</u>			c. (Last)		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>March 21-1871</u>			9. AGE (In years last birthday) <u>77</u>			10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>retail merchant</u>		
11. BIRTHPLACE (State or foreign country) <u>Cameron Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Freeman Rice</u>			14. NAME OF HUSBAND, OR WIFE <u>Jessy Rice</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>4</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Mar. Char Logue</u>			ADDRESS <u>Cameron</u>		
18. CAUSE OF DEATH				MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>angina pectoris</u>						<u>2 1/2 hrs</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES							
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
				DUE TO (b) _____							
				DUE TO (c) _____							
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION <u>4 yrs</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)			21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>March 19 49</u> to <u>March 24 49</u> , that I last saw the deceased alive on <u>March 20 49</u> , and that death occurred at <u>9:45 A.M.</u> , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) <u>A. D. Givens M.D.</u>							23b. ADDRESS <u>Cameron MO</u>		23c. DATE SIGNED <u>March 24 49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-4-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen</u>		24d. LOCATION (City, town, or county) <u>Cameron</u>		(State) <u>MO</u>			
DATE REC'D BY LOCAL REG. <u>3-14-49</u>		REGISTRAR'S SIGNATURE <u>Wmifred W. Moser</u>			399 25 FUMERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Home</u>		ADDRESS <u>Cameron</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300

10.48

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**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.

Signed George J. Trammell,

Signed .....

Student Embalmer

Licensed Embalmer No. 4472

P. O. Address 224 West 4th

**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 this body is not embalmed, fact should be so stated above.

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