FILED JUL 18 1949

No. 300
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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23135

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 618

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. John's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marshfield
d. STREET ADDRESS (If rural, give location): x

3. NAME OF DECEASED (Type or Print)
a. (First): Lovie
b. (Middle): Ann
c. (Last): Rice

4. DATE OF DEATH (Month) (Day) (Year): July-12-'49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: July-28-1891
9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months: x Days: x
IF UNDER 24 HRS.: Hours: x Min.: x

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Webster County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jasper Cantrell
13b. MOTHER'S MAIDEN NAME: Emma Pitchford
14. NAME OF HUSBAND OR WIFE: John Wesley Rice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): x
(If yes, give war or dates of service): x
16. SOCIAL SECURITY NO.: x
17. INFORMANT'S SIGNATURE OR NAME: John Wesley Rice
ADDRESS: Marshfield, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart failure, left ventricular — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Valvular heart disease — all life

DUE TO (c) Rheumatic fever (mitral lesion) — in early childhood

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, moderately severe — 4 yrs

19a. DATE OF OPERATION: x
19b. MAJOR FINDINGS OF OPERATION: x
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): x
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Springfield, Greene, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): x
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1946, 19__, to 7/12, 1949, that I last saw the deceased alive on 7/12, 1949, and that death occurred at 11:10 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R. Bestbower M.D.
23b. ADDRESS: Springfield Mo.
23c. DATE SIGNED: 7/12/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-15-'49
24c. NAME OF CEMETERY OR CREMATORY: Marshfield
24d. LOCATION (City, town, or county) (State): Marshfield, Missouri

DATE REC'D BY LOCAL REG.: 7-16-49
REGISTRAR'S SIGNATURE: W. E. Handley
25. FUNERAL DIRECTOR'S SIGNATURE: Lex Laney
ADDRESS: Marshfield, Missouri

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____
Student Embalmer

Signed Rex Rainey
Licensed Embalmer No. B 312
P. O. Address Marshfield, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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