

FILED APR 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9307

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 114

1. PLACE OF DEATH a. COUNTY MARION			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RAHKS		
b. CITY (If outside of rural and give township) OR TOWN Center Missouri		c. LENGTH OF STAY (In this place) 15 MIN.	c. CITY (If outside of corporate limits with rural and give township) OR TOWN Center Mo. 0870		d. STREET ADDRESS (If rural, give location) 1
d. FULL NAME OF HOSPITAL OR INSTITUTION Leveering Hospital					

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) Jesse c. (Last) Rice			4. DATE OF DEATH (Month) (Day) (Year) APRIL 1-1951		
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH MARCH 7-1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Business man		10b. KIND OF BUSINESS OR INDUSTRY own Business	11. BIRTHPLACE (State or foreign country) RAHKS County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew J. Rice		13b. MOTHER'S MAIDEN NAME Susan Smekser		14. NAME OF HUSBAND OR WIFE MARIA SMITH	
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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)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. MARIA Rice, Center Mo.		
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Acute) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unknown DUE TO (c) unknown II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None known				INTERVAL BETWEEN ONSET AND DEATH 1 week
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 431X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **March 24 1951**, to **April 1, 1951**, that I last saw the deceased alive on **April 1, 1951**, and that death occurred at **9:15 am.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Brooks	(Degree or title) D. O.	23b. ADDRESS Center-Missouri	23c. DATE SIGNED 4-3-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 4/3/51	24c. NAME OF CEMETERY OR CREMATORY Ohivet Cemetery	24d. LOCATION (City, town, or county) (State) Center, Missouri
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DATE REC'D BY LOCAL REG. 4-5-51	REGISTRAR'S SIGNATURE Dr. E.M. Lucke	FUNERAL DIRECTOR'S SIGNATURE By W. J. ...	ADDRESS Conch's Wilkey Center, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1644

RECEIVED

APR 1951

HEALTH DEPT.

1951

RECEIVED

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
Student Embalmer

Signed Clyde B. Wilkey
Licensed Embalmer No. 3820

P. O. Address Perry, Mo

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.