

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

17761

State File No. ....

No. 300  
10-48

FILED MAY 22 1951

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6074 Registrar's No. 177

940

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

|  |  |   |  |
|--|--|---|--|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>St. FRANCOIS</u>                                    |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u> b. COUNTY <u>ST. FRANCOIS</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Leadwood</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LEADWOOD</u>  |  |
| c. LENGTH OF STAY (In this place) <u>50 years</u>  |  | d. STREET ADDRESS (If rural, give location) <u>0</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leadwood</u>                                      |  |   |  |

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| <b>3. NAME OF DECEASED</b><br>(Type or Print) <u>ERNEST OMER RICE</u>  |   |   | <b>4. DATE OF DEATH</b> (Month) (Day) (Year)<br><u>MAY 14 1951</u> |   |  |  |
| <b>5. SEX</b><br><u>MALE</u>   | <b>6. COLOR OR RACE</b><br><u>WHITE</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify)<br><u>MARRIED</u> | <b>8. DATE OF BIRTH</b><br><u>Sept. 7, 1892</u>                    | <b>9. AGE</b> (In years last birthday) <u>58</u>                    | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>7</u> | IF UNDER 24 HRS.<br>Hours <u>7</u> Min.            |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>MINER CAPTAIN</u> |   | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>LEAD MINING</u>                  |  | <b>11. BIRTHPLACE</b> (State or foreign country)<br><u>Missouri</u> |  | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>USA.</u> |

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|---|---|---|
| <b>13a. FATHER'S NAME</b><br><u>John Rice</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>NANCY ADKINSON</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Grace Rice</u> |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u> | <b>16. SOCIAL SECURITY NO.</b><br><u>49303-8817</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b> ADDRESS<br><u>Grace Rice</u> <u>Leadwood Mo.</u> |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | <b>MEDICAL CERTIFICATION</b><br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertension Cardio-vascular renal disease with decompensation</u><br>ANTECEDENT CAUSES <u>None</u><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>None</u> |
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| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b><br><u>442x</u> | <b>20. AUTOPSY?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)           | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)                  | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) m. | <b>21e. INJURY OCCURRED</b><br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b>                      |

22. I hereby certify that I attended the deceased from Dec 30, 1950 to May 14, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.

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| <b>23a. SIGNATURE</b> (Degree or title)<br><u>John W. Hunt, M.D.</u> | <b>23b. ADDRESS</b><br><u>Leadwood, Mo.</u> | <b>23c. DATE SIGNED</b><br><u>5-14-51</u> |
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| <b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify)<br><u>Burial</u> | <b>24b. DATE</b><br><u>MAY 16, 1951</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Leadwood Cemetery</u> | <b>24d. LOCATION</b> (City, town, or county) (State)<br><u>Leadwood, Missouri</u> |
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| <b>DATE REC'D BY LOCAL REG.</b><br><u>May 16, 1951</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>Ether Rudloff</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b> ADDRESS<br><u>Bert L. Boyers and Son</u> <u>Leadwood, Mo.</u> |
|--|--|---|

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

MAY 21 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 William E. Boyer

Licensed Embalmer No. 4730

P. O. Address Leadwood 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.