

FILED MAR 9 - 1953

STANDARD CERTIFICATE OF DEATH

State File No. **5045**

0140

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

BIRTH NO. _____		REG. DIST. NO. 389		PRIMARY REG. DIST. NO. 5773		Registrar's No. 7	
1. PLACE OF DEATH a. COUNTY Callaway				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Callaway			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Summit Supp.		c. LENGTH OF STAY (in this place) Wife		c. CITY (If outside corporate limits, write RURAL and give township) 0140 Rural Summit Supp.			
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 mi N.E. Holt Summit				d. STREET ADDRESS (If rural, give location) 2 mi N.E. Holt Summit			
3. NAME OF DECEASED (Type or Print) a. (First) Guy			b. (Middle) Rice		c. (Last) Rice		4. DATE OF DEATH (Month) (Day) (Year) MAR. 1 53
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH Feb 12 - 1882	9. AGE (In years last birthday) 71	10. UNDER 1 YEAR Months 0 Days 19	11. UNDER 24 HRS. Hours 1 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (State or foreign country) Holt Summit MO		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Rice		13b. MOTHER'S MAIDEN NAME Susan BRYANT		14. NAME OF HUSBAND OR WIFE Murphy Rice			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME ADDRESS J. R. Rice Holt Summit			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease					INTERVAL BETWEEN ONSET AND DEATH 2 1
		ANTECEDENT CAUSES Morbid 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. General Arterio Sclerosis					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4214				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 Jan 1, 1951 , to Mar 1, 1953 , that I last saw the deceased alive on Mar 1, 1953 , and that death occurred at 12/42pm. , from the causes and on the date stated above.							
23a. SIGNATURE J. McO Rush				(Degree or title) M.D.		23b. ADDRESS North Summit 700	23c. DATE SIGNED 3/1/53
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE MAR-3-53	24c. NAME OF CEMETERY OR CREMATORY Union H. Cemetery		24d. LOCATION (City, town, or county) (State) Holt Summit MO.		
DATE REC'D BY LOCAL REG. 3-2-53		REGISTRAR'S SIGNATURE LeRoy Cloydpool		25. FUNERAL DIRECTOR'S SIGNATURE Holt. Cloydpool Sr.		ADDRESS N B. Mo	

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 LeRoy Claypool

Licensed Embalmer No. 4412

P. O. Address New Bloomfield

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.