

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

State File No. **14763**

BIRTH NO. **FILED MAY 7 1953** REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **5579** Registrar's No. **60**

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>			2. USUAL RESIDENCE (Where deceased lived. Institution, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Mineral</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Carterville</b>		<b>6490</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Jasper Co TB Hosp</b>			d. STREET ADDRESS (If rural, give location) <b>General Delivery</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Jimm</b> b. (Middle) <b>Rice</b> c. (Last) <b>Rice</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 29 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Apr 4 - 1896</b>	9. AGE (In years last birthday) <b>57</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>25</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Miner</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Geneva Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Abner Rice</b>		13b. MOTHER'S MAIDEN NAME <b>Margie Storm</b>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <b>No</b>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME <b>Records</b>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Tuberculosis</b>			INTERVAL BETWEEN ONSET AND DEATH
		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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>DOIX</b>			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)		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 **4/27**, 19**53**, to **4/29**, 19**53**, that I last saw the deceased alive on **4/29**, 19**53**, and that death occurred at **1:35** m., from the causes and on the date stated above.

23a. SIGNATURE <b>Jimmie B. Douglas M.D.</b>		23b. ADDRESS <b>Dist City Mo</b>		23c. DATE SIGNED <b>4/29/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5-2-53</b>	24c. NAME OF CEMETERY, OR CREMATORY <b>Carterville Burial</b>	24d. LOCATION (City, town, or county) (State) <b>Carterville Mo</b>		
DATE REC'D BY LOCAL REG. <b>5-1-53</b>		REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hedge-Lewis Funeral Home</b>	
				ADDRESS <b>Webb</b>	

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED 5-6-53  
Jasper County Health Office

County File Number 53-5-396

Date Filed 5-6-53

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

*Leonard J. Lewis 2d*

Licensed Embalmer No. 4561

P. O. Address *Webb City, 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.