

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

31020

State File No. ....

FILED OCT 5 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 51210 Registrar's No. 256

1. PLACE OF DEATH a. COUNTY <u>Boone</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>		
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Columbia Rural</u>		c. LENGTH OF STAY (In this place) <u>12</u>	c. CITY OR TOWN <u>Columbia</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route #6 Imi. No. Columbia</u>			e. STREET ADDRESS (If rural, give location) <u>Rural Route #6 0100</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Larkin</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 1, 1953</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 4, 1876</u>	9. AGE (In years last birthday) <u>76</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Produce Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Truck Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Boone County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Geo. W. Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Leech</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Rice, Columbia.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>---</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie Rice, Columbia, Route, #6</u>			
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) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>9 weeks</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____				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) _____		21f. HOW DID INJURY OCCUR? <u>331X</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	22. I hereby certify that I attended the deceased from <u>Aug-5, 1953</u> , to <u>Oct-1, 1953</u> that I last saw the deceased alive on <u>Apr-30, 1953</u> and that death occurred at <u>6 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>F. C. Suggitt MD</u> (Degree or title)		23b. ADDRESS <u>Columbia, Mo</u>		23c. DATE SIGNED <u>10/1/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town, or county) (State) <u>Columbia, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 1 1953</u>	REGISTRAR'S SIGNATURE <u>Mrs R.E. Palmer</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>31</u>	ADDRESS <u>MEMORIAL FUNERAL HOME? COUMBIA? MO</u>		

(Licensed Embalmer's Statement on Reverse Side)

Lyman Spinkler, M.D.

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

0.300  
0.48

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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, ~~REDACTED~~ ....., Student Embalmer No. ....  
working under my personal supervision..

Student .....  
Signature of Student Embalmer

Signed *Lynnan Sprinkle* .....

Licensed Embalmer No. *401* .....

P. O. Address *Colum* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.