

FILED APR 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11524

State File No.

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>35</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Clay</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>Byersville Springs</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		a. STATE <u>Missouri</u>	
b. CITY OR TOWN <u>Byersville Springs</u>		c. LENGTH OF STAY (in this place) <u>2 days</u>		c. CITY OR TOWN <u>Richmond</u>		b. COUNTY <u>Ray</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Byersville Springs Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>704 N. Main</u>			
3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX		6. COLOR OR RACE	
a. (First) <u>ERNEST</u>		b. (Middle) <u>Tilford</u>		c. (Last) <u>RICE</u>		a. (Month) <u>March</u>	
(Type or Print)		(Day) <u>16</u>		(Year) <u>1954</u>		b. (Day) <u>16</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH		9. AGE (In years last birthday)		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mines</u>	
11. BIRTHPLACE (City and State of Foreign Country) <u>Hardin Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Susan Lysell</u>	
14. NAME OF HUSBAND OR WIFE <u>Mabel (Nance) Rice</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>495-07-5613</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mabel Rice</u>	
18. ADDRESS <u>Richmond Mo</u>		19. MEDICAL CERTIFICATION		20. INTERVAL BETWEEN ONSET AND DEATH		21. DATE OF OPERATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		II. ANTECEDENT CAUSES		III. OTHER SIGNIFICANT CONDITIONS		22. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		Conditions contributing to the death but not related to the disease or condition causing death.		23. MAJOR FINDINGS OF OPERATION	
DUE TO (b) <u>?</u>		DUE TO (c) <u>?</u>		24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. DATE OF OPERATION		27. MAJOR FINDINGS OF OPERATION		28. (CITY, TOWN, OR TOWNSHIP) <u>Richmond</u>		(COUNTY) <u>Missouri</u>	
29. ACCIDENT SUICIDE HOMICIDE (Specify)		30. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		31. (CITY, TOWN, OR TOWNSHIP)		(COUNTY) (STATE)	
32. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		33. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. HOW DID INJURY OCCUR?		4201	
22. I hereby certify that I attended the deceased from <u>3-10</u> , 1954, to <u>3-16</u> , 1954, that I last saw the deceased alive on <u>3-16</u> , 1954, and that death occurred at <u>3:30 a.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>E. K. Pawant M.D.</u>				23b. ADDRESS <u>Richmond Missouri</u>		23c. DATE SIGNED <u>3-16-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-18-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>		24d. LOCATION (City, town, or county) <u>Richmond Missouri</u>	
DATE REC'D BY LOCAL REG. <u>4-1-54</u>		REGISTRAR'S SIGNATURE <u>Caroline Netchings</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Thomas J. Carter</u>		ADDRESS <u>Richmond, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Thomas J. Carter*

Licensed Embalmer No. *44*

P. O. Address *Richmond*

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.