

FILED OCT 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30130

30130

BIRTH NO. _____		REG. DIST. NO. <u>77</u>		PRIMARY REG. DIST. NO. <u>3016</u>		Registrar's No. <u>265</u>		
1. PLACE OF DEATH a. COUNTY <u>Cole</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>				
b. CITY OR TOWN <u>Jefferson City</u>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <u>Jefferson City</u>		d. STREET ADDRESS (If rural, give location) <u>1504 E. Miller</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1504 E. Miller</u>				d. STREET ADDRESS <u>1504 E. Miller</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>Edgar</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH <u>Oct. 4, 1954</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 3, 1892</u>		
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>1</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		IF UNDER 1 YEAR Hours <u>0</u> Min. <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor Mo. State Highway Dept.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Highway Dept.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Callaway Co. Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13a. FATHER'S NAME <u>William Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Amanda Bennett</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Rice</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>492-36-8391</u>		17. INFORMANT'S SIGNATURE OR NAME <u>William Rice</u> ADDRESS <u>Jefferson City Mo.</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>Cardiac or Pulmonary embolism</u>								
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombophlebitis of leg</u> <u>3 wks</u>								
DUE TO (c) <u>Arteriosclerotic heart disease</u> <u>2 yrs.</u>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic Hypertrophy</u> <u>2 yrs</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					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 <u>April 21, 1953</u> , to <u>Oct 4</u> , 1954, that I last saw the deceased alive on <u>Oct 1</u> , 1954, and that death occurred at <u>9 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>William A. Cox MD</u> (Degree or title)				23b. ADDRESS <u>125 East High St - Jefferson City, Mo</u>		23c. DATE SIGNED <u>10-5-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Oct. 7, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Riverview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jefferson City, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Oct 6 - 1954</u>		REGISTRAR'S SIGNATURE <u>R.P. Davis MD - MR</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Victor Bueschu</u> ADDRESS <u>Jefferson City Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 15 1955

FEB 15 1955

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 Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson 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.