

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

362447

State File No.

FILED OCT 19 1954

BIRTH NO. 20449-54 REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Ruth Tp Rural</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Ruth Tp Rural</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. STREET ADDRESS (If rural, give location) <u>2040</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Janice</u> b. (Middle) <u>Kay</u> c. (Last) <u>Rice</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>9/14/1954</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar 26/1954</u>		9. AGE (in years last birthday) <u>5</u> <u>19</u> <u>0</u> <u>19</u> <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or foreign Country) <u>Reeds Springs Mo</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>					

13a. FATHER'S NAME <u>Adrian Rice</u>		13b. MOTHER'S MAIDEN NAME <u>Vera Hedrick</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Adrian Rice Reeds Springs Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spina Bifida</u>		DUPLICATE OF (b) <u>Malformation at birth</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) <u>Hydrocephalis</u>			
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 <u>751 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min)		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 Mar 26, 1954 to May 1, 1954, that I last saw the deceased alive on May 1, 1954, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L S Shumate MD</u> (Degree or title)		23b. ADDRESS <u>Reeds Springs Mo</u>		23c. DATE SIGNED <u>9/15/54</u>	
--	--	--------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>9/15/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Yocum Park</u>	
24d. LOCATION (City, town, or county) (State) <u>New Reeds Springs Mo</u>					

DATE REC'D BY LOCAL REG <u>Sept. 15-54</u>		REGISTRAR'S SIGNATURE <u>Mo. J. Elmer Prosser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Elliott J. Cheatham - Galena</u>	
--	--	---	--	--	--

Patricia Murray. (Licensed Embalmer's Statement on Reverse Side)

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

10-40

13

137
138

137
138

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 *E. J. Cheatham*

Licensed Embalmer No. *3878*

P. O. Address *Galena*

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.